

Sequential Intercept Model Mapping Workshop

Report for:

Lubbock County

Prepared by:

The Texas Judicial Commission on Mental
Health

In Collaboration with Lynfro Consulting &
D-Degree Coaching and Training

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Sequential Intercept Model Mapping Report for Lubbock County, TX

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The Texas Judicial Commission on Mental Health (JCMH) was created by a joint order of the Supreme Court of Texas and the Texas Court of Criminal Appeals to develop, implement, and coordinate policy initiatives designed to improve the courts' interaction with—and the administration of justice for—children, adults, and families with mental health needs.

Mission

Engage and empower court systems through collaboration, education, and leadership thereby improving the lives of individuals with mental health needs, substance use disorders, or intellectual and developmental disabilities (IDD).



RECOMMENDED CITATION

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A NOTE ON LANGUAGE

Across our communities, significant stigma still exists around experience with mental health disorders, substance use disorders, and justice system involvement. In this document, we seek to use respectful language that recognizes the value as well as the challenges that people with these experiences bring to our communities. A number of excellent resources provide detailed guidance about language that feels more courteous and modern to many people. In general, it is a good idea to use “person first” language that references the person before a relevant condition (i.e., “a person with schizophrenia” rather than “a schizophrenic”) because we are all more than one diagnosis or experience.

For more information on mental health language, see <https://hogg.utexas.edu/news-resources/language-matters-in-mental-health>.

For information on substance use, see <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction> and <https://www.thenationalcouncil.org/wp-content/uploads/2021/11/Language-Matters-When-Discussing-Substance-Use-1.pdf>.

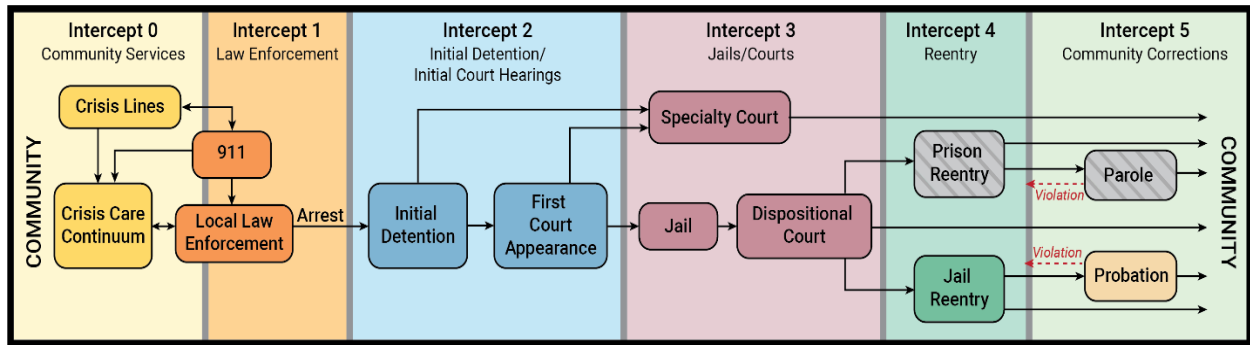
For information on disability, see <https://www.cdc.gov/ncbddd/disabilityandhealth/pdf/communicating-with-people.pdf>.

For information on justice system involvement, see <https://fortunesociety.org/wordsmatter/>.

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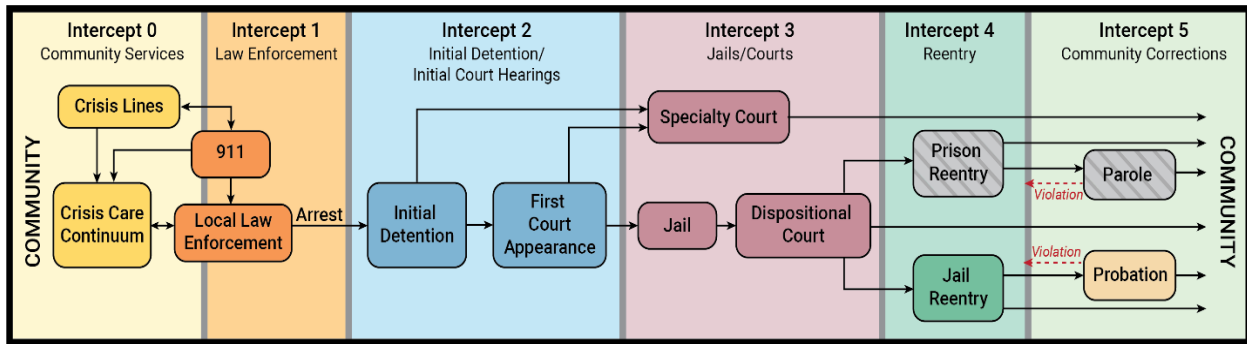
EXECUTIVE SUMMARY

This report was created through a series of online and in-person workshops hosted by the Texas Judicial Commission on Mental Health to address the needs of adults with behavioral health challenges who become involved with the criminal justice system. It draws on the [Sequential Intercept Model](#) to support communities in identifying strategies to divert individuals from the justice system and into treatment. The workshops brought together over 40 stakeholders from across systems, including mental health, substance use, courts, and law enforcement to map resources, gaps, and opportunities at each point a person intersects with the justice system.

Through the workshops, the stakeholders developed priority action plans to improve coordination and services. These plans focus on four key priorities for change:

1. Triage, Assessment and Referral at First Contact
2. Resource Awareness and Community Accessibility
3. Mental Health Court
4. Case Management and Reentry Support

The report provides a detailed blueprint for Lubbock County stakeholders seeking to reduce unnecessary justice involvement for adults with behavioral health needs. As stakeholders move forward to implement the identified changes, it will be crucial for each action team to organize and track its steps as well as coordinate with other action teams. The Judicial Commission on Mental Health will provide ongoing technical assistance as stakeholders review current laws and best practices in order to implement the plans.



BACKGROUND

The [Sequential Intercept Model](#) was developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D., in conjunction with SAMSHA’s GAINS Center. Since its creation, it has been used by communities to assess available resources, determine gaps in services, and plan for change.

A Sequential Intercept Model mapping is a workshop that develops a map illustrating how people with behavioral health needs move through the criminal justice system. The workshop allows participants to identify opportunities for collaboration to prevent further penetration into the justice system.

The Sequential Intercept Mapping workshop has five primary goals:

- Develop a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
- Identify challenges, resources, and opportunities for each intercept for individuals in the target population.
- Create priorities for activities designed to improve system and service level responses for individuals in the target population.
- Generate an action plan to implement the priorities.
- Nurture cross-system communication and collaboration.

KEY FACTORS THAT SUPPORT THE EFFECTIVENESS OF THIS PROCESS

Communities that remain engaged and make significant progress toward their goals have key commonalities. Specifically, they draw on the participation from people with lived experience of

mental health and behavioral health challenges or justice involvement. Successful communities also create formal leadership teams to drive priorities forward. They make use of data to identify progress, adapt their plans, and optimize services. They also know the law as it relates to mental health and justice involvement.

THE POWER OF LIVED EXPERIENCE

Community-based peer support services that assist with transition or reentry into community-based mental health services can help individuals achieve long-term recovery. Peer support specialists can provide insight into potential triggers and relapses, and provide:

- Emotional support
- Shared knowledge
- Practical assistance
- Connection to people with resources
- Opportunities and communities of support

In Texas, there are three primary certifications for peer specialists: Mental Health Peer Specialists, Recovery Support Peer Specialists, and Certified Family Partners. A growing number of peer specialists obtain certification as Re-Entry Peer Specialists who have lived experience with incarceration as well as recovery from mental health and/or substance use challenges. Re-Entry Peer Specialists can play [important roles](#) at all points along the Sequential Intercept Model.

Several organizations and resources provide helpful guidance:

- [Via Hope](#) is a Texas nonprofit organization that provides training, technical assistance and consultations related to the peer workforce. The organization also trains and certifies reentry peer support specialists.
- [PeerForce](#) serves as a hub for peers and family partners in Texas, collaborating with communities and organizations to advance and broaden the peer career field. They provide assistance to prospective employers on how to implement peer services and provide training for prospective peers.
- [SAMHSA](#) is the federal agency that for decades has worked to promote peers in leadership roles.
- [National Association of Peer Supporters](#)
- Philadelphia's DBHIDS [Peer Support Toolkit](#)

[Clubhouse International](#) is a global nonprofit organization that helps communities create clubhouses. Clubhouses provide people living with mental illness opportunities for friendship, employment, housing, education, and access to medical and psychiatric services. Some

clubhouses include peer support specialists and can be good resources, particularly during the reentry process. [Clubhouse Texas](#) is a key resource for information about the burgeoning clubhouse movement in Texas.

CONTINUED CROSS-SYSTEM COLLABORATION

Experience shows that the counties generating enduring results in their system change efforts are those that create formal coordinating groups such as Behavioral Health Leadership Teams or other coordinating bodies that facilitate and guide countywide justice and behavioral health cross-systems stakeholder planning.

The team of multi-agency stakeholders should lead in designing, implementing, and monitoring mental health-focused diversion efforts. Representatives from across sectors, including behavioral health, probation, the judiciary, defense attorneys, and law enforcement should be included along with people with current knowledge of mental health needs, evidence-based assessments, and treatments.

EFFECTIVE USE OF DATA

Counties that make good use of available data to track progress and shape decision making are best positioned to achieve their goals. Lubbock County can capitalize on their data collection and improve the data collection process across the SIM by taking several steps. [SAMHSA](#) has an article on [Data Collection Across the Sequential Intercept Model: Essential Measures](#) that contains insightful techniques that can be reviewed and implemented on a local level. Ensuring the accuracy of Texas Law Enforcement Telecommunications System (TLETS) data is an important part of improving data collection in Texas.

Some counties train dispatch centers to ask if the nature of the emergency call is police, fire, or mental health, regardless of the availability of a Crisis Intervention Team or co-responder team to respond. Law enforcement agencies can assign an incident number to every mental health call so that the calls can be tracked and analyzed for trends and patterns. This data can be used to secure grant funding for training and resources, as well as additional resources from the county.

There are several organizations that offer resources to assist with improving data collection, analysis, and creation of performance measures.

Stepping Up Initiative. The [Stepping Up Initiative](#) is strongly focused on the use of data to assist in lowering the numbers of people with mental illness in jail. Counties can take advantage of the

resources on the Stepping Up website to benefit their residents. Consider developing goals, such as: 1) Reducing the number of people with severe mental illness admitted to the county jail, 2) Reducing the length of stay for people with severe mental illness while in jail, 3) Increasing connections to community-based treatment and support upon release, and 4) Reducing their criminal recidivism. Specific goals will help clarify and direct what data should be collected and how to use that data to further the county's cross-systems efforts.

Bureau of Justice Assistance. The Bureau of Justice Assistance published [A Guide to Collecting Mental Health Court Outcome Data](#) in 2005 to help guide mental health court teams on collecting and using data. Outcome data can help courts demonstrate the purpose of the specialty court program and attract funding sources to expand and enhance the program. The [Center for Court Innovation](#) has a short document on [collecting data for drug courts](#).

Justice Counts. [Justice Counts](#) is a national program that reviews data from all fifty states then develops and builds consensus around a set of key criminal justice metrics that drive budget and policy decisions. The program also [creates a range of tools](#) and resources to help local communities to adopt new data metrics. The program provides technical assistance and funding to selected states.

Measures for Justice. [Measures for Justice](#) is a nonprofit organization with a mission to make accurate criminal justice data available to spur reform. The organization offers [tools and services to communities](#), including general consulting.

UNDERSTANDING CURRENT STATUTES AND BEST PRACTICES

As communities map gaps and opportunities at each intercept, it is especially important to understand the current laws and responsibilities. Oftentimes, compliance with existing statute is hindered by the lack of cross-system collaboration and a lack of clarity about which entity is responsible for the law's implementation. Courts are uniquely positioned in this regard to bring together stakeholders and mobilize cooperative efforts to implement the law collaboratively.

The Judicial Commission on Mental Health recently released the [Fourth Edition Texas Mental Health and Intellectual and Developmental Disabilities Law Book](#), which provides community and justice stakeholders with a comprehensive overview of best practices and existing laws at each point at which people intersect or are at risk of intersecting with the justice system.

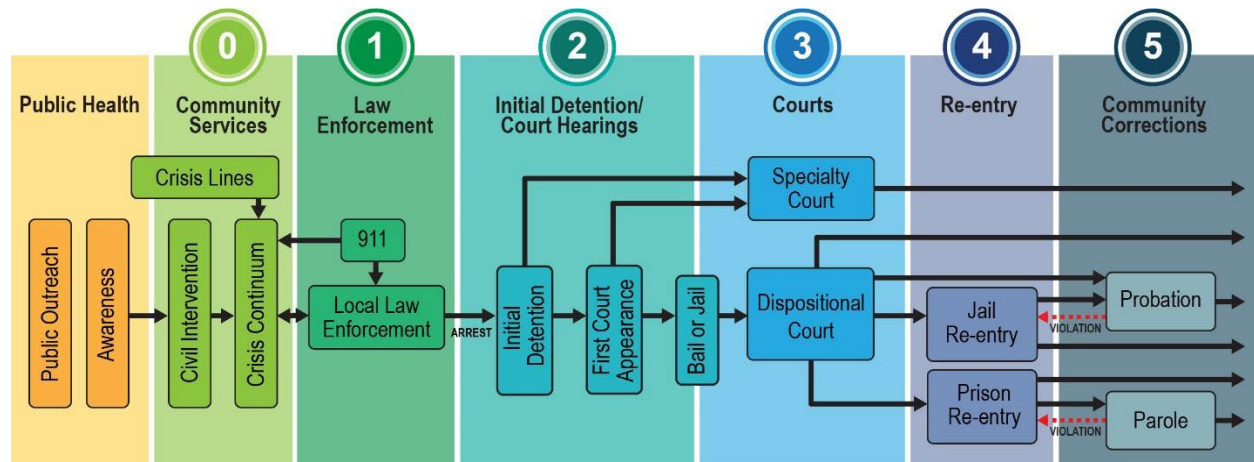


RESOURCES AND CHALLENGES AT EACH INTERCEPT

The primary objective of the workshop is to create a Sequential Intercept Model map. The workshop's facilitators work with the participants to identify resources and gaps at each intercept. This process is essential to success since the criminal justice system and behavioral health services are constantly changing, and identifying the gaps and resources allows for a contextual understanding of the local map. The map can also be used by planners to establish substantial opportunities for improving public safety and public health outcomes for people with mental health and substance use disorders by addressing the gaps and building on existing resources.

Prior to the workshop, a planning team of Lubbock County leaders identified specific community goals:

- Facilitate mutual understanding, collaboration and relationship building between a diverse array of stakeholders, all of whom are dedicated to system transformation.
- Identify best practices, resources, gaps in services, and opportunities for improvement and innovation across all SIM intercepts
- Prioritize key steps toward system transformation and improved service delivery and identify relevant best practices.
- Create a longer-term strategic action plan, optimizing use of local resources and furthering the delivery of appropriate services.



INTERCEPT 0

Intercept 0 encompasses the early intervention points for people with mental illness, substance use disorder, and/or intellectual and developmental disability prior to possible arrest by law enforcement. This intercept captures systems and services designed to connect people with treatment before a crisis begins or at the earliest possible stage of system intervention.

INTERCEPT 0 RESOURCES

Workshop participants identified numerous resources already existing in the community that can support individuals with behavioral health challenges and divert them from the justice system.

Intercept 0 Community Services	
StarCare 806-740-1414	Suicide and Crisis Lifeline 988
StarCare Sunrise Canyon (Psychiatric Hospital)	Oceans Healthcare (Psychiatric Inpatient and Intensive Hospitalization)
StarCare Mobile Crisis Outreach Team	UMC Health Systems EMS
StarCare Extended Observation Unit	StarCare Substance Use Services (Outreach Screening, Assessment & Referral, Medication Assisted Treatment, Outpatient Counseling)

Texas Tech Physicians Psychiatry (Psychiatry and Counseling)	Stages of Recovery (Substance-use Disorder Inpatient Rehabilitation)
Aspire Recovery Centers (Substance-use Disorder Inpatient and Outpatient)	Alcoholic Recovery Center (Halfway House)
Daily Recovery Services (Addiction Recovery)	StarCare STARPARENT (Prenatal and postpartum learning and education including substance use education)
Oxford Houses Lubbock Directory (Recovery Housing)	South Plains Food Bank
Texas Tech Mental Health Initiative (Coordination and Collaboration)	Driskill Halfway House for Men (Sober Living)
The Ranch at Dove Tree (Inpatient Substance-use Disorder Treatment, Detox)	Lubbock Housing Authority
United Way Lubbock	Catholic Charities Mental Health Voucher Program
NAMI Lubbock (Mental Health Education, Advocacy, Support)	Open Door Housing
Grace Manor (Substance-Use Disorder Inpatient)	Family Guidance Center (Parenting, wellness, anger management counseling)
Family Counseling Services	Lubbock Lighthouse Medication Assisted Treatment
Lubbock VA Behavioral Health Clinic	West Texas Mental Health Collaborative (Policy)
Larry Combest Health Center (Psychiatry and Primary Care Services)	Community Health Center of Lubbock (Mental Health and Primary Care Services)

A County Committed to Mental Health Diversion

Lubbock County sets the standard with respect to its commitment to addressing mental health crisis quickly, outside of the emergency room and jail, and in a manner that gets people the help they need when they need it. About 7 years ago, StarCare opened a 24/7 crisis walk-in center at Sunrise Canyon. There are multiple Mobile Crisis Outreach Teams on call 365 days per year, and the Center allows for both people to walk in and first responders to drop people off.

The center significantly reduces emergency room and jail admission. Ordinarily, a person in mental health crisis would have to wait for hours for appropriate services at the hospital. Many people would be arrested because their mental health crisis behavior makes them a risk to themselves or others. At the crisis center, however, people in crisis are seen within 15 minutes of arrival and will meet with a physician in about an hour.

Both law enforcement and EMS can bring people in mental health crisis to the crisis walk-in center. In most cities in Texas, when law enforcement brings people in mental health crisis to the emergency room, the officer could wait from 8-18 hours at the hospital until the person is medically cleared. In Lubbock, officers wait approximately 45 minutes at the crisis walk-in center. Over the past year, the center received nearly 600 referrals from law enforcement and 350 from EMS.

The crisis center also removes the stress from inpatient psychiatric facilities, because many people can be diverted to the extended observation unit. This 23-hour unit often provides what the person needs to get through the crisis, and the unit can discharge them back to the community with quick follow up with StarCare following release. Last year, the extended observation admitted 600 people and diverted 200 of them from psychiatric hospitalization.

INTERCEPT 0 GAPS AND OPPORTUNITIES

During the workshop, stakeholders identified several gaps or insufficiencies in the continuum of care services for individuals with behavioral health challenges at intercept 0 that may be contributing to significant impacts on the local criminal justice system. Stakeholders then shared ideas for opportunities to address these concerns.

Community-Based Mental Health and Substance Use Treatment

There was widespread agreement that the community lacks adequate mental health counseling services for a county of this size. There is a mental health workforce shortage at all levels of care.

Participants also noted an inadequate number of detox beds. Further, the intake process for services seems to be overly complicated, delaying care for many.

The participants identified opportunities to address these gaps. For instance, several people suggested increasing on-demand telemedicine and virtual counseling options. Additionally, participants noted an opportunity to improve coordination between various mental health and substance use service providers, ensuring that people receiving services from one organization are seamlessly connected with other supports such as housing, employment, or food assistance.

Housing

The participants identified significant gaps in the availability of and access to affordable or subsidized housing options. The only shelter is for short-term stays and transitional housing options are limited. Further, people with criminal records face major barriers accessing whatever housing options are available. There are inadequate options for people coming out of substance-use treatment. Additionally, there is a lack of respite housing for people with intellectual and developmental disabilities. The stakeholders suggested creating a mental health housing workgroup to address this issue.

Other Opportunities

The stakeholders had several suggestions to improve community mental health and well-being. For instance, they suggested increasing the number of volunteers from churches and schools providing mental health first aid courses.

INTERCEPT 0 BEST PRACTICES

At each intercept, it is helpful to understand best practices emerging in communities throughout the country. While not every best practice will be relevant to Lubbock County, especially when there are serious resource limitations, these practices provide a useful lens for identifying promising pathways forward. The best practices listed below may provide a reference point for Lubbock County as it adapts best practices to its own unique challenges.

BEST PRACTICE: USE ALTERNATIVES TO THE CRIMINAL JUSTICE SYSTEM

Crisis services include the array of resources available to individuals who are experiencing a mental health crisis. These services can include stabilization units, mental health hotlines, mobile crisis units, and residential units. A strong presence of supportive resources at this stage can reduce the number of law enforcement contacts with individuals who have mental health issues. It is important that stakeholders and the public know of these services and that they are affordable and accessible.

Pre-arrest diversion is designed to reduce the number of persons who are arrested and placed into the criminal justice system and local jail because of a mental health problem. Instead of punishment, diversion directs people toward treatment and mental health support and takes the responsibility for rehabilitation off the local criminal justice system. The laws in Texas supporting pre-arrest diversion are designed to connect those in crisis with adequate treatment and services and reduce the pressure on the criminal justice system while maximizing community safety.

BEST PRACTICE: EXPAND ACCESS TO HOUSING FOR PEOPLE IN THE JUSTICE SYSTEM WITH BEHAVIORAL HEALTH NEEDS

The [Council of State Governments Justice Center](#) recommends a four-step action plan for communities experiencing a lack of housing options for people with criminal records who also have mental health and substance use challenges:

Step One: Collaborate

Much like SIM Mapping, it takes a cross-system approach to address the housing crisis for justice-involved people with mental and substance use challenges. When systems work together, sharing data and identifying gaps and needs, they can prioritize strategies. Similarly, creating a leadership team helps the community to oversee and push forward multiple strategies. It can also work to optimize existing services, sometimes combining existing workforce and case management services with housing providers. It can also create incentives and standards for housing providers and landlords to provide housing to people with mental illness.

Step Two: Assess

Again, much like SIM Mapping, a coordinated action plan should include an analysis of the housing resources available within the community as well as the gaps. Further, each part of the system, from mental health authorities to probation, regularly conducts assessments that could include data on housing status. This would offer a wealth of data to help the community determine the housing need for people with criminal records and the type of housing—supportive, transitional, sober living—that will best meet that need.

Sharing data helps the community anticipate future housing needs for people with serious mental illness and/or medical needs, a group for which housing availability is most dire, and make plans to meet those needs. By sharing data and working together, the community can also track success rates and adjust its strategy as needed.

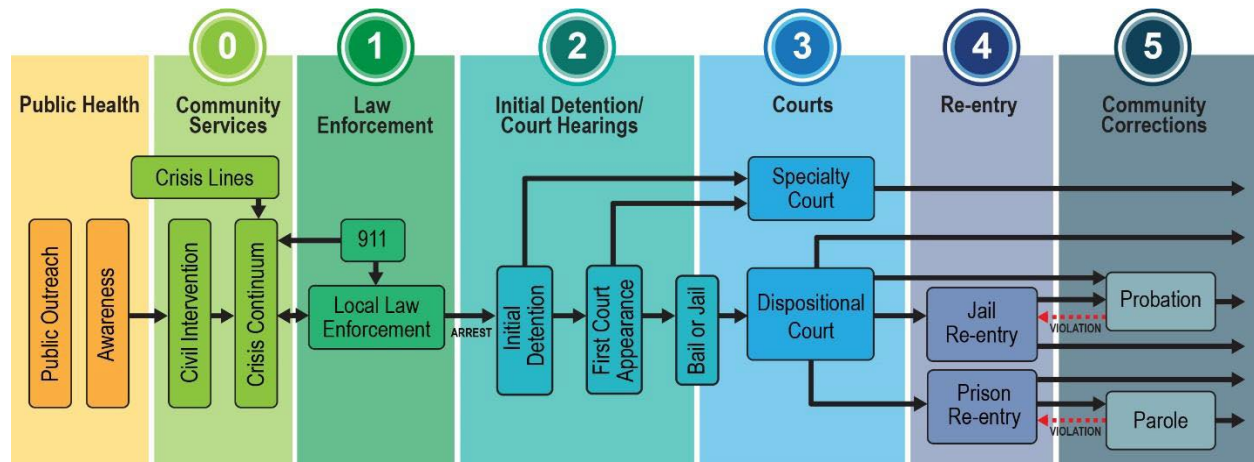
Step Three: Connect

Lack of housing is one of the most significant causal factors for recidivism. Housing security helps people succeed following arrest, detention, and incarceration. When the various entities, from probation/parole to housing authorities work together, they can identify issues quickly, get the individuals the help they need, and avert crisis. The community can link its housing strategy with diversion strategies, recognizing that crisis outreach teams are often most likely to come into contact with unhoused individuals with mental health needs.

Step Four: Expand:

Housing availability is a crisis in most communities; however, coordination between system partners can pave the way for strategic investments. Often, communities prioritize housing expansion based on subjective factors such as duration of homelessness or veteran status whereas a collaborative community that shares data and works strategically can help city, county, and state funders direct investments where they will make the most difference.





INTERCEPT 1

Intercept 1 encompasses initial contact with law enforcement and other emergency service responses. This intercept captures systems and services designed to divert people away from the justice system and toward treatment when safe and feasible.

INTERCEPT 1 RESOURCES

Workshop participants identified numerous resources already existing in the community that can support individuals with behavioral health challenges and divert them from the justice system.

Intercept 1 Law Enforcement	
Lubbock Police Department	Lubbock County Sheriff's Department
Texas Tech Police Department	Levelland Police Department
Slaton Police Department	Shallowater Police Department
Wolfforth Police Department	Idalou Police Department
UMC Police Department	

Lubbock is a Leader in Mental Health Co-Responder Units

Lt. Misti Snodgrass from the Lubbock Police Department described the how the city has become a center of co-responder training for police departments across the state. Years ago, Lubbock faced many of the difficulties other communities regularly encounter, including inadequate training and staffing. At that time, relationships were frayed between various stakeholders, making it difficult to collaborate.

The Department's first step was to improve relationships. Officers needed a better understanding on how best to respond to mental health calls. It required them to work together with experts from the mental health community.

Next, the Department focused on data. They tracked 911 calls related to mental health crisis and the outcomes on those calls. With a clearer understanding of what was driving poor outcomes, they were able to streamline processes with StarCare and local hospitals to get people in crisis the help they needed more expeditiously, allowing officers to get back to the street.

Today, Lubbock Police Department has a mental health crisis co-responder team, where officers respond to crises alongside mental health professionals. There are two mental health officers dedicated to the unit. Additional mental health officers are spread throughout patrol, which covers all divisions (geographical locations) and shifts (times).

Over time, Lubbock developed their own co-responder trainer program. Peace officers and mental health professionals from communities across the state attend these trainings. They also assist smaller communities in developing their own programs. Lubbock has become a model for mental health crisis response.

INTERCEPT 1 GAPS AND OPPORTUNITIES

While Lubbock County and its various police departments such as Lubbock PD have accomplished more than many communities, the participants agree that there is more to be done. For instance, stakeholders uniformly agreed that the community needs even more co-responder teams and mental health officers.

They also suggested improving coordination between law enforcement, hospitals, and the walk-in center. They envisioned a "no-wrong-door" approach, where officers could bring someone in mental health crisis to the hospital and have the hospital or StarCare arrange to transport the individual to the Extended Observation Unit or the psychiatric hospital. They also suggested

equipping co-responder teams with the ability to get medical clearance in the field using telemedicine.

The community agreed that many crisis calls could be addressed by a mental health professional on the line, talking people through their crisis or simply assisting them in finding the help they need on their own. Law enforcement agreed that, unless someone is a threat to themselves or others, the first call for a mental health crisis should be to a mental health provider.

Finally, law enforcement urged the community to do a better job at reducing the stigma of mental health. Better education would help families and community groups to understand mental illness and how to get help. This might prevent mental health challenges from becoming crises. Education would also help law enforcement better recognize mental health or intellectual or developmental disability (IDD) challenges and to respond in a manner that deescalates the crisis.

INTERCEPT 1 BEST PRACTICES

BEST PRACTICE: USE CIVIL INTERVENTIONS WHEN APPROPRIATE

Civil interventions refer to legal processes by which people other than the person with mental illness can initiate treatment and includes initiation of civil commitment proceedings and court-ordered treatment, including [assisted outpatient treatment \(AOT\)](#). Civil commitment processes and AOT do not require the involvement of the police or the criminal justice system. Recently, states have begun to provide for civil interventions for behavioral health conditions other than mental illness, including substance use disorders.

Court-ordered treatment can be provided in the community or in an inpatient setting as determined by a clinical evaluation. Inpatient and outpatient treatment can be delivered sequentially or, alternatively, beginning with outpatient options and utilizing inpatient settings as needed. It is important to recognize that more coercive approaches are appropriate only after services have been offered to individuals and they have rejected them on a voluntary basis.

Most civil commitments in Texas start with an Emergency Detention. Emergency Detentions require a mental health crisis: that the individual displays a mental illness; that the individual displays a substantial risk of serious harm to themselves or others; that the risk of harm is imminent unless the individual is immediately restrained; and a statement of supporting facts describing specific recent behavior for the belief, including overt acts, attempts, or threats that were observed. The Emergency Detention may happen through either of two legal pathways:

- A law enforcement officer may take an individual to an inpatient facility through an Apprehension by Peace Officer Without a Warrant (APOWW, also known as an Apprehend and Detain or A&D) under [Texas Health & Safety Code § 573.001](#); or
- A judge may issue a warrant under [Texas Health & Safety Code § 573.011](#) authorizing a peace officer to transport the individual to an inpatient facility.

[Psychiatric Advanced Directives](#), also known as [Declarations for Mental Health Treatment](#), allow a person to control their mental health treatment in the event that they become unable to make treatment decisions at a later date. It may be possible for a person to carry these documents or pre-submit them to hospitals, jails, and other facilities.

Supported decision making allows individuals to make their own decisions and manage their affairs while receiving the assistance needed to do so. Resources about supported decision making include a [handout](#), a [toolkit](#), an [explainer video](#), and sample [agreement forms](#).

Guardianships can be used to support individuals who, due to age, disease, or injury, need help managing some or all their daily affairs. It should be noted that guardianship removes some of the individual's rights and privileges. More information on guardianships is offered by the [Texas Guide to Adult Guardianship](#), and the [Texas Guardianship Association](#).

Assisted Outpatient Treatment (AOT) Court Programs are programs in civil courts, typically probate courts, that use court-ordered community-based treatment to improve treatment outcomes and reduce involvement in the judicial system. [Implementing an AOT Court](#) explains how to set up an AOT court in Texas. The [Texas AOT Practitioner's Guide](#) explains how to operate an AOT Court in accordance with Texas laws and procedures.

BEST PRACTICE: EXPLORE PRE-ARREST DIVERSION

Counties across the country have implemented pre-arrest diversion programs, wherein police work with local human service and harm reduction providers to connect individuals with substance use and mental health challenges to appropriate resources in lieu of arrest. For instance, the [Law Enforcement Diversion Program](#) (LEAD), which originated in King County, Washington, gives greater authority to police to divert someone from arrest for a set of non-violent, substance-use related offenses and instead require the individual to engage with services in the community. Police remain involved with the service provider to ensure the individual is engaging in services. A similar program is the [Yellow Line Project](#), which provides assessment and service connection to individuals in lieu of arrest. Police can bring someone in for assessment and delay arrest conditional upon the individual engaging in services.

These programs and others like them can have profound impact on the lives of people with substance use and mental health challenges. According to an [evaluation](#) of the LEAD Program, people engaged in pre-arrest diversion programs were less likely to be arrested, more likely to engage in services, and more likely take psychiatric medications. They were also less likely to experience overdose because the program helped to connect them with medication assisted treatment. These individuals were less likely to experience mental health crisis compared to those who were not referred to the program. All system partners saw the impact of the program, with fewer arrests, lower recidivism, and decreased pressure on a strained system.

Under [Texas Code of Criminal Procedure art. 16.23\(a\)](#), every law enforcement agency must make a good-faith effort to divert a person who is experiencing a mental health crisis or ill effects of substance use to a proper treatment center in the agency's jurisdiction.

This provision applies if:

- a treatment center is available;
- diversion is reasonable;
- the offense is a non-violent misdemeanor; and
- the mental health or substance use issue is suspected to be the reason for the offense.

First responder training includes dispatcher training, specialized police response, mental health first aid, and training for EMTs and other first responders. An example is Crisis Intervention Team (CIT) training. CIT focuses on identifying signs of mental health disorders, de-escalating a situation that involves those signs, and connecting people to treatment. The importance of crisis training has increased in recent years to avoid escalation into the use of force. All law enforcement officers should receive crisis and de-escalation training as well as regular updates on related best practices. [CIT refresher courses](#) are an opportunity for peace officers who have already completed the academy.

BEST PRACTICE: CREATE PRE-BOOKING DIVERSION CENTERS

Pre-booking diversion centers can be designed in multiple ways. The Texas Health and Human Services Commission (HHSC) outlines [four types of crisis units](#) designed for people experiencing significant mental health symptoms:

- Crisis Respite Units – individuals at low risk of harm; provides a home-like environment but not permanent housing
- Crisis Residential Units – individuals who might harm themselves or others; provides a home-like environment but not permanent housing

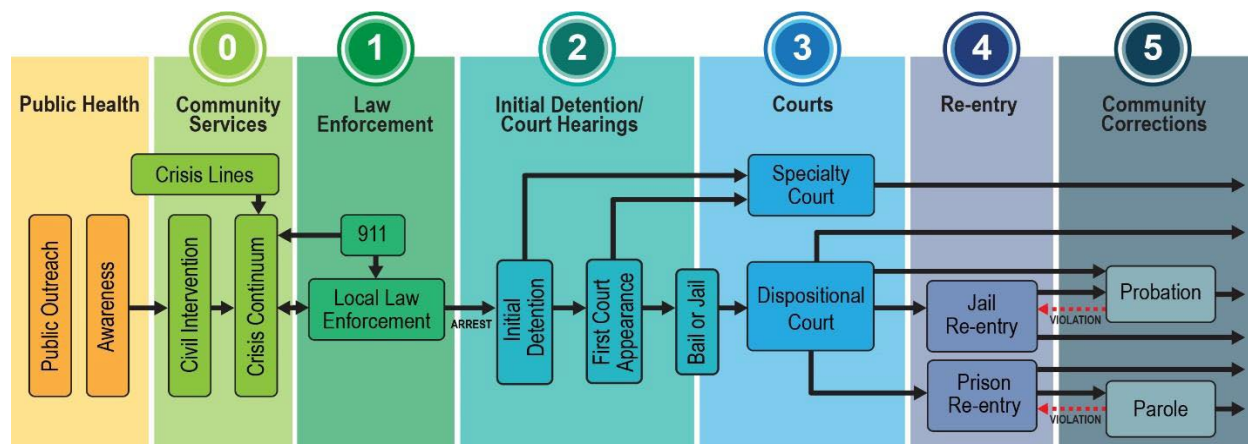
- Extended Observation Units – individuals at high risk to self or others; up to 48-hour stays, as opposed to standard 23-hour observation units
- Crisis Stabilization Units – individuals at high risk of psychiatric hospitalization; up to 14-day stays

Diversion centers can reduce the number of individuals in the criminal justice system due to challenges with mental health or substance use. A crisis unit with expedited review by an assistant district attorney can make the decision of whether to file a criminal case or to pursue a civil diversion. Jail book-in time can be decreased with a diversion center.

Lubbock County has made good strides in creating pre-booking centers, with both walk-in and extended options. Once the Hope Center is opened, it will further boost capacity. Building awareness of these diversion options is important, including a training program for law enforcement that encourages diversion rather than jail where appropriate. It will be essential to offer this training on a regular basis to reach people new to the community and their positions.

For intoxicated individuals at risk of arrest, sobering centers provide a safe environment in which to become sober and, ideally, link to substance use services. In some settings, such as the [Sobering Center](#) in Travis County, the staff may assist the individual to find an appropriate detox center. Some centers allow the individual to remain until a detox bed becomes available. In these cases, the center coordinates with its medical director, and occasionally may be authorized to provide detox medications. Sobering centers can also innovate, providing safe sobering for individuals intoxicated on substances other than alcohol. For instance, the Austin/Travis County Sobering Center created a stimulant sobering room, which is geared toward helping individuals safely come down from stimulants.





INTERCEPT 2

Intercept 2 encompasses people who are detained and have an initial hearing with a magistrate. This intercept is the first opportunity for judicial interaction in the criminal justice system, including intake screening, early assessment, appointment of counsel and pretrial release of those individuals with mental illness, substance use disorder, or intellectual and developmental disability.

INTERCEPT 2 RESOURCES

Intercept 2 Pretrial	
Lubbock County Sheriff Rowe & Chief Deputy Braus	IDD Crisis Intervention Specialist
VetStar	Magistrate Judge Honorable Melissa McNamara
Pretrial Services Lubbock County Community Supervision and Corrections Department	Psychiatric Medications provided by StarCare
StarCare Jail Based Competency Restoration Program	Private Defenders Office (Rusty Gunter) Appointment on MH Cases
Medication provided by WellPath	Judge Hocker oversees mental health docket

The Lubbock County Jail works to quickly identify people with mental illness and get them the appropriate medication and support. Jail staff conduct the initial state-required assessment for suicidality, mental illness, and other special needs. However, they recognized that detained individuals are hesitant to fully disclose mental health symptoms with jail staff. Therefore, the Lubbock County Jail partners with StarCare mental health professionals to conduct a more thorough assessment. This is the assessment they rely upon to initiate care, and this is what they share with the magistrate.

StarCare has 21 Qualified Mental Health Professionals (QMHPs) conducting the assessments and coordinating services. They also staff the jail with case managers, mid-level providers, and three licensed vocational nurses. They conduct jail in-reach services to ensure that people with mental illness receive the care they need after detention.

When StarCare identifies people with mental illness who also receive services from the Veterans Administration, they contact the VA regarding their detention.

INTERCEPT 2 GAPS AND OPPORTUNITIES

Even though Lubbock has a panel of well-trained defense attorneys, participants in the workshop recognized that challenges still exist with respect to getting people with mental illness assigned to a qualified defense attorney with experience working with people with mental illness. They suggested having qualified defense attorneys representing clients at magistrations hearings. As magistrations hearings often happen inside the jail, they suggested having defense attorneys at the jail for these hearings.

The participants also suggested that courts exercise their authority to divert under Section 16.22(c)(5). This allows for the courts to release individuals who do not pose a danger to themselves or others out on bond with a requirement to be considered for outpatient civil commitment and to engage in services. The prosecutor could drop charges for those who successfully complete required programming.

For people released on bond, there remain challenges in ensuring that they engage in services and return to court as required. Participants suggested increasing pretrial services, including the use of certified peers.

The participants saw these challenges as an opportunity to create a Forensic Assertive Community Treatment (FACT) team, which is a multidisciplinary team comprised of mental health professionals and, frequently, certified peers. FACT teams have a smaller client/team ratio than

a standard treatment team, allowing them to provide more intensive services. StarCare already has an ACT team that serves Lubbock, but there is a high demand for those services, and FACT teams focus on people who have criminal justice involvement. They help people with serious mental illness navigate pretrial release conditions, probation, and parole. In addition to intensive case management, the team also helps people build skills to manage stress and live life with mental illness.

INTERCEPT 2 BEST PRACTICES

BEST PRACTICE: IDENTIFY EARLY AND DIVERT WHEN APPROPRIATE

Every person that is arrested and brought to jail should be screened for mental health and substance use disorders and diverted when appropriate. Texas law provides some guidance for this process:

- **Continuity of Care Query (CCQ):** With limited exceptions, the Texas Administrative Code requires every jail to conduct a CCQ check on each individual upon intake into the jail. The CCQ is originated through the Department of Public Safety’s Texas Law Enforcement Telecommunications System (TLETS), which initiates a data exchange with HHSC’s Clinical Management for Behavioral Health Services system to determine if the individual has previously received state mental healthcare. The CCQ identifies whether an individual has sought services at a Texas local mental health authority (LMHA) in the previous three years. This information is often limited in nature and not as helpful as magistrates, judges, and lawyers would like it to be; the utility of this system depends on the accuracy of TLETS data.
- **Code of Criminal Procedure art. 16.22:** [CCP 16.22](#) details a procedure for identifying a person’s possible mental illness or intellectual disability at the earliest stages of—and throughout—a criminal proceeding. Under article 16.22, a magistrate must, under certain circumstances, order an expert to interview the defendant and otherwise collect information regarding whether the defendant has a mental illness or intellectual disability in order to alert the necessary stakeholders if the resulting report indicates possible mental illness or intellectual disability. Once the report is reviewed, diversion options like outpatient treatment, voluntary inpatient treatment, or involuntary civil commitment may be pursued.
- **Code of Criminal Procedure art. 17.032:** Pursuant to [CCP 17.032](#), unless good cause is shown, the magistrate must release the person on personal bond if they are not charged with or previously convicted of a statutorily defined violent offense, the procedures in the statute were followed, and the conditions were met. The magistrate may include bond

conditions that address behavioral health needs. Typical conditions of “mental health” bonds include requirements to: check in with the LMHA; abide by the LMHA’s recommendations; possess no firearms; possess no marijuana, controlled substances, or cannabidiol (CBD); and attend all appointments for assessments and services. A “warm handoff” to the LMHA can help promote compliance with the conditions.

As discussed above, [diversions for defendants with mental health disorders](#) can provide a benefit to the defendant, the judicial system, and the community as a whole. Jail diversion occurs after an arrest has been made, but before an official charge from the state. This type of diversion can also be called a pre-charge diversion or a prosecutor-led diversion.

BEST PRACTICE: CREATE CROSS-SYSTEM REVIEW TEAMS

Cross-system collaboration reaches across fragmented services and systems to build constructive working relationships to accomplish goals. Teams composed of individuals across systems can work together to overcome challenges, such as funding silos, limited resources, and differences in system “cultures” or values.

Court liaisons provide a vital link to mental and behavioral health service providers during the life of court cases. Liaisons are typically clinically trained and connected either with a behavioral health provider or with the court. They are adept at providing program and treatment coordination and communicating with service providers and agencies outside of the court.

Community Diversion Coordinators play a critical role. Typical duties and responsibilities include:

- Engage stakeholders in education on the many diversion opportunities across the SIM.
- Assist the court and attorneys in evaluating cases and defendants to determine if a pathway other than jail would better serve the defendant and the community.
- Develop and foster collaborative relationships between the LMHA, local hospitals, the jail, and the courts.
- Coordinate the creation of treatment plans to ensure appropriate community support for individuals being released into the community.

Solid data and information sharing policies support strong cross-system collaboration. Data-driven indicators measure the effectiveness of behavioral health interventions and allow adjustments to be made to increase the effectiveness of those interventions. Data can also measure the cost effectiveness of behavioral health programs and allow policy makers to allocate resources more effectively. Coordinating data offers an opportunity to identify high cross-system utilizers. Data should be collected about individuals' progress and needs, responses to those needs, and efforts to improve mental health responses. Information sharing is required under

[Health and Safety Code Sec. 614.017](#) for continuity of care and continuity of services purposes for certain individuals with special needs.

BEST PRACTICE: QUICKLY APPOINT AN ATTORNEY WITH TRAINING IN MENTAL HEALTH

There are several ways to increase the Lubbock County defense bar’s knowledge of mental health laws. One quick-fix recommendation is a focused education and training campaign. Lubbock County could identify a larger group of local defense attorneys who can be champions for initiating an education and training campaign among the local defense bar association. These champions can utilize the assistance of [TIDC](#), [JCMH](#), [TCDLA](#), or other entities to develop curriculum for local defense attorneys and to identify the best methods for implementing education and training among the local defense bar. Training should cover several topics regarding mental health laws, including early identification ([16.22](#)), transfer and dismissal ([16.22\(c\)\(5\)](#)), mental health bond conditions ([17.032](#)), competency restoration ([46B](#)), information sharing (HIPAA & [HSC Chapter 611](#)), and resources available from the local mental health authority, Texas Panhandle Centers.

In addition to training on mental health laws, the local defense bar can learn how to fully and skillfully incorporate the principles of [Holistic Defense](#) and how to effectively use social workers in criminal defense. The [Bronx Defenders](#) is a public defender nonprofit that pioneered a groundbreaking, nationally recognized model of defense that achieves better outcomes for defendants. The Bronx Defenders’ [Center for Holistic Defense](#) provides technical assistance and training to public defender organizations and individual practitioners and currently provides assistance in 38 states, including Texas.

The local defense bar can play an integral role in enhancing Lubbock County’s justice system by addressing the circumstances driving people into the criminal justice system and the consequences of that involvement. A [Harvard Law Review article](#) evaluated the holistic defense model and determined the impact of the program included a reduction in the likelihood of custodial sentences by 16% and expected sentence length by 24%.

There are four pillars at the core of holistic defense:

- Seamless access to services that meet legal and social support needs.
- Dynamic, interdisciplinary communication.
- Advocates with an interdisciplinary skillset.
- A robust understanding of, and connection to, the community served.

Several counties across Texas have begun to incorporate these principles into their local defense organizations, including:

- [Harris County](#)
- [Bexar County](#)
- [Travis County](#)

Many counties offer incentives for defense attorneys to seek training and specialization in mental health laws by offering additional compensation for court appointment cases to attorneys with specialized training or creating a special “wheel” full of attorneys specializing in mental health laws who can be appointed to cases with a defendant identified as having a mental illness. [Williamson County](#) is an example of a county with an indigent defense plan that incorporates special qualifications for a mental health wheel.

It is best practice to appoint counsel as soon as practicable upon arrest of an individual. Appointing counsel at an earlier point in the case, such as before indictment, will reduce the length of time people are housed in jail waiting for evaluations or waiting for transportation to facilities for evaluation or restoration. Instead, defense counsel can meet the client and begin assessing the client’s needs. Opportunities to better utilize early appointment of counsel include:

- Creating and implementing a process for appointed defense counsel to access certain evidence in the case file, such as the offense report and arrest warrant affidavit, prior to indictment, so they can begin working on the case.
- Creating and implementing a process for defense counsel to request competency evaluations prior to indictment.
- Discussing possibilities of diversion in lieu of competency restoration in certain cases.

BEST PRACTICE: TRANSFER TO CIVIL COURT VIA CCP 16.22(C)(5)

Pursuant to [Code of Criminal Procedure art. 16.22\(c\)\(5\)](#), after an interview of the defendant provides clinical evidence to support a belief the defendant may be incompetent to stand trial, the court may release the defendant on bail while charges remain pending and enter an order transferring the defendant to the appropriate (civil) court for court-ordered outpatient mental health services under Chapter 574 of the Health and Safety Code. Case transfer under this statute is only for cases where the offense charged does not involve an act, attempt, or threat of serious bodily injury to another person.

BEST PRACTICE: RIGHT-SIZE COMPETENCY RESTORATION SERVICES

The competency to stand trial process is designed to protect the rights of people who do not understand the charges against them and are unable to assist in their own defense. Long-established constitutional law mandates that a criminal prosecution may not proceed unless the defendant has sufficient present ability to consult with their lawyer with a reasonable understanding of the proceedings against them.

Under Texas [Code of Criminal Procedure article 46B.004](#), if the mere suggestion of incompetency is raised in a case, the court must conduct an informal inquiry to assess whether there is “some evidence from any source” that would support a finding of incompetency. If so, then the court is required to stay (or stop) all proceedings and order a competency exam. If an individual is found competent, the case will proceed to determine adjudication. If the individual is found incompetent, judges can order services, including mental health treatment and medications designed to restore the defendant to legal competence.

For more than a decade, Texas and other states have seen an increasing number of individuals in county jails who have been found to be incompetent to stand trial but who do not have access to a state hospital bed to begin an inpatient competency restoration process. In Texas, several thousand people fail to receive competency restoration services for months or even years, presenting severe challenges to county jails and great personal cost to the individuals. Actively monitoring the local waitlist can help find ways to divert individuals. One method is to have an individual re-evaluated if there is reason to believe the person is stabilized while receiving jail-based mental health services.

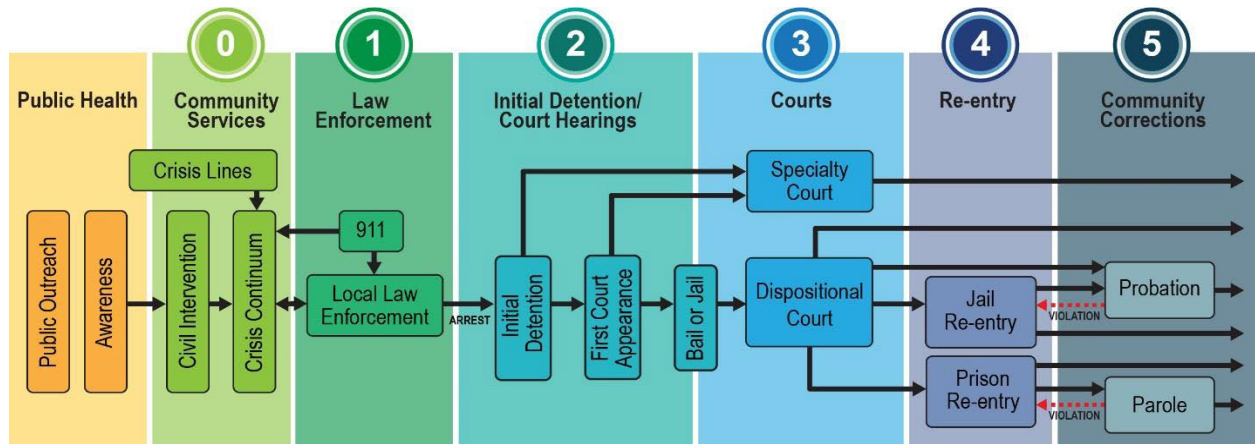
JCMH and HHSC partnered to create a statewide initiative to [Eliminate the Wait](#) and right-size competency restoration services through education, training, and technical assistance. Every effort should be made to streamline determinations of competency and related proceedings. There is also a growing consensus that because of the likelihood of an increased length of incarceration and confinement, the competency process should be reserved for defendants who are charged with serious crimes, and others should be diverted to treatment.

Outpatient competency restoration and jail-based competency restoration programs are alternative competency restoration options provided by community-based services and in-jail services, respectively. For individuals who meet the criteria, these local programs are effective alternatives to using state hospital beds.

Involuntary medication frequently restores competency for individuals and allows for a more rapid return to the community than involuntary hospitalizations. (Read more

at: <https://mentalillnesspolicy.org/medical/involuntary-medication.html>). Rather than requiring cumbersome guardianship proceedings, the Mental Health Code permits treating physicians to seek court orders to allow the administration of psychoactive medications to persons who lack capacity to consent to such medication. The court-ordered medication process cannot be used for Class B offenses; these cases may be good candidates for transfer to civil court under CCP 16.22(c)(5).





INTERCEPT 3

Intercept 3 encompasses people who are held in pretrial detention at the local jail or released to the community while awaiting disposition of their criminal cases. This intercept includes constitutional protections, services that prevent the worsening of a person’s mental or substance use symptoms, and interventions that connect individuals with community treatment options.

INTERCEPT 3 RESOURCES

Intercept 3 Courts	
72 nd District Court Hon. John C Grace	99 th District Court Hon. Phillip Hays
137 th District Court Hon. John J McClendon III	140 th District Court Hon. Douglas H. Freitag
237 th District Court Hon. Les Hatch	364 th District Court Hon. William R. Eichman II
County Court at Law #1 Hon. Mark J. Hocker	County Court at Law #2 Hon. Tom W. Brummett
County Court at Law #3 Hon. Benjamin Webb	County Judge Hon. Curtis Parrish

Justice of the Peace Precinct #1 Hon. Jim Hansen	Justice of the Peace Precinct #2 Hon. Susan Rowley
DWI Court Hon. John "Trey" J. McClendon II	Adult Drug Court Hon. William R. Eichman II
Private Defenders Office Rusty Gunter	Lubbock County District Attorney's Office K. Sunshine Stanek and Marlise Boyles
Lubbock County Court Coordinator Dean Stazione	Retired Judge Drue Farmer

Competency Restoration in Lubbock County

Judge Mark Hocker oversees a competency docket for the local courts. According to Judge Hocker, Lubbock County has a panel of attorneys trained to identify and handle cases where the individual has mental illness and, in many cases, is not competent to stand trial. Because of the attorneys' training and experience, the court trusts their recommendations and orders the necessary evaluations of competency.

But the process of competency restoration takes time. It can take weeks if not months to get the evaluation completed, and then there is a waiting list of 24-28 months to get the individual into the competency restoration program at the state hospital.

Lubbock responded to these delays by implementing both a jail-based competency restoration program and outpatient competency restoration, which is reserved for lower risk cases where the individual has ample support in the community. Both programs reduce the time in jail, restore people to competency, and then allow the court to resolve the case.

Even with these resources, there are major limitations, especially for people arrested for misdemeanor offenses. The time it takes to get an evaluation completed is often longer than the individual would have to serve in county jail had they been convicted. These individuals are often released after months in jail without being fully restored to competency.

INTERCEPT 3 GAPS AND OPPORTUNITIES

Community members had several suggestions on how to improve outcomes for people with mental health and substance use challenges in the court system. Currently, Lubbock County does not have a mental health court. Participants recommended applying for [grants](#) from the Governor's Office to start a mental health court.

They also suggested increased use of Outpatient Competency Restoration (OCR) as well as additional slots for Jail-Based Competency Restoration (JBCR). Lack of housing is a major barrier to placement on OCR and complicates transition to the community when unhoused individuals are released from JBCR. They saw this as an opportunity to augment transitional housing for people in these programs.

There is already a mental health docket, but participants suggested creating another mental health diversion docket in misdemeanor court. Also, they suggested creating a court specifically for unhoused individuals.

INTERCEPT 3 BEST PRACTICES

BEST PRACTICE: USE ALTERNATIVE SENTENCING WHEN POSSIBLE

Post-trial diversion and alternative sentencing options provide opportunities to direct individuals to rehabilitation-focused interventions that balance the interests of justice with treatment. Most importantly, they avoid incarceration for individuals who meet certain sentencing conditions. Often involving suspended sentences and/or probation, alternative sentencing can be as creative and flexible as a judge and community resources will allow. Examples of alternative sentencing include community service, assisted outpatient treatment, and other required participation in appropriate treatment, including problem solving courts. Pursuant to [Code of Criminal Procedure art. 46B.004\(e\)](#), the prosecutor may dismiss all charges pending against a defendant after the issue of the defendant's incompetency to stand trial is raised.

BEST PRACTICE: SEEK TO ESTABLISH MENTAL HEALTH SPECIALTY COURTS OR DOCKETS

A "mental health court program" under [Texas Government Code § 125.001](#) has the following essential characteristics:

- integrates and provides access to MI and ID treatment services in processing cases in the court system;
- uses a non-adversarial approach involving prosecutors and defense attorneys to (1) promote public safety and (2) protect the due process rights of program participants;
- promotes early identification and prompt placement of eligible participants in the program;
- requires ongoing judicial interaction with program participants;
- diverts people with mental illness or intellectual disability to needed services in lieu of prosecution;
- monitors and evaluates program goals and effectiveness;

- facilitates continuing interdisciplinary education on effective program planning, implementation, and operations; and
- develops partnerships with public agencies and community organizations, including LMHAs/LBHAs.

[Appendix 2](#) at the end of this report provides additional resource recommendations on mental health and other specialty court programs that Lubbock County may find useful. The Texas Tech University HSC Forensic Psychiatry and Psychology training programs may be valuable resources for developing specialty court programs.

BEST PRACTICE: INCREASE USE OF PEERS FOR JUSTICE-INVOLVED INDIVIDUALS

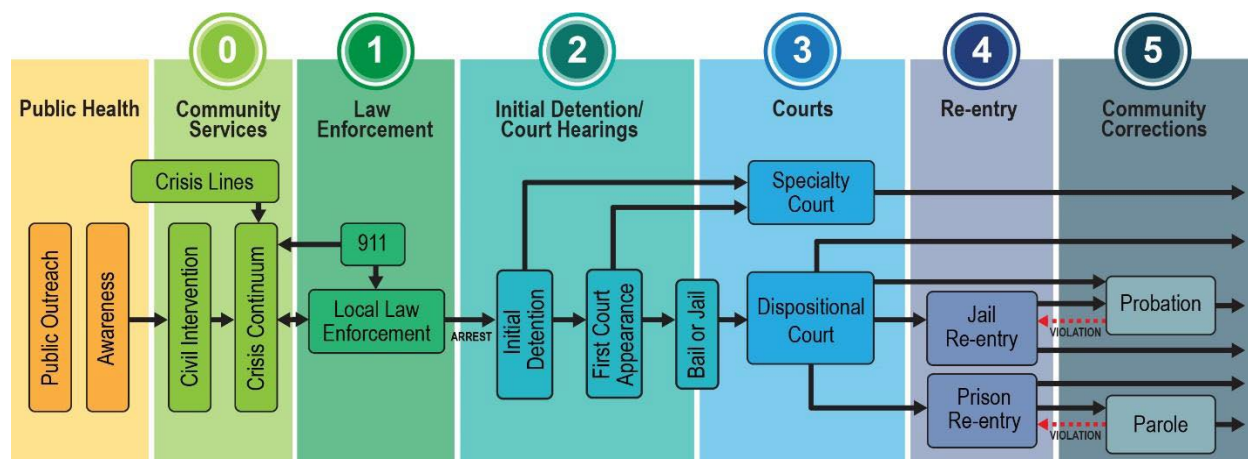
Certified peers such as Mental Health Peer Specialists, Recovery Support Peer Specialists, and Reentry Peers can make a significant difference for justice involved individuals. The [National Judicial Task Force](#) describes examples of how certified peers can add value in court settings.

In reality, certified peers can be utilized effectively [at every intercept](#). Pairing a certified peer with someone with mental health and substance use challenges can foster success for those released on bond conditions or placed on probation.

In studies on the use of peers for justice-involved individuals, researchers found statistically significant improvement in mental health outcomes. They found reduced anxiety and depression, and justice-involved individuals felt more confident that they could abstain from substance use. People paired with peers were less likely to have their bond, probation, or parole revoked. The chance of re-arrest was reduced from 43% to 22%.

More information about certification of peers is available [earlier in this report](#).





INTERCEPT 4

Intercept 4 encompasses people who are planning for and transitioning from jail or prison into the community. Services in this intercept include strong protective factors for justice-involved people with mental illness, substance use disorder, or intellectual and developmental disabilities re-entering a community. These services should include detailed, workable plans with seamless access to medications, treatment, housing, and healthcare coverage.

INTERCEPT 4 RESOURCES

Intercept 4 Reentry	
StarCare Person-centered case management coordinates with probation officer	Lubbock County Detention Center GED Program
Lubbock County Detention Center Reentry Program	Workforce Solutions South Plains
SNAP Emergency Food Stamps	Alcoholics Anonymous and Narcotics Anonymous
Lubbock Health Department SUSAN and SUSAN for Families	Catholic Charities
Texas Veterans Commission	Veterans Administration

“We’re Here to Give You What Need to Help You Succeed”

Ryan Braus, the Chief Deputy of the Lubbock County Jail, shared about the work his team is doing to improve outcomes for people detained in jail. When he introduced himself, he said, “I work for the people here.” It quickly became clear that he wasn’t just speaking about his staff and deputies.

The Lubbock County Jail is already known for its commitment to peer recovery through training and supporting detained individuals to provide one-on-one support to people with mental health challenges. It is not uncommon for people within the certified peer community around the state to talk about the example that the Lubbock County Jail sets for other counties.

Chief Braus also speaks with pride about the jail’s GED program. Educators in the jail work quickly to prepare detained individuals who lack a high school diploma for the GED exam. They track outcomes for these individuals. Only 4 percent of those who earned their GED while detained are re-arrested.

The Jail also has a unique approach to disciplinary issues. Chief Braus and his staff identified detained individuals with the most disciplinary infractions, including fights and aggressive behavior. Rather than place them in segregation for extended periods, they instead offered them a chance to enter the StepUp Program. In this program, they learn skills to help them deal with their own extreme emotions in productive ways.

Chief Braus said, “We give them a clean slate.” People who go through this program often become mentors to other individuals who have similar challenges in managing anger and other emotions. There are few jail administrators around the state who try to see the potential in people wearing a jail uniform. Lubbock County stands apart.

INTERCEPT 4 GAPS AND OPPORTUNITIES

One of the most significant gaps in reentry is continuity of care. Participants suggested providing post-release medications to people leaving jail, as access to medication is a significant challenge. People are released with only a limited amount of medication and the wait time for appointments is often longer than the supply of medication. A fast connection or a specialty clinic serving this population would support people’s ability to stay on their medications.

Participants went a step further and envisioned a warm handoff process wherein StarCare clients are seen within a day of release, reconnected with their psychiatric team, and placed into case

management. They also recommended increased use of certified peers to provide one-to-one peer support to people with mental health and substance use challenges upon release.

Housing is a major challenge for people leaving jail. People are commonly released back into homelessness. Others are released and return to homes where drug use is prevalent and family support minimal. People with serious mental illness and/or complex health issues face significant barriers to supportive housing, with subsidized housing options minimal and landlord restrictions on housing people with criminal records posing another barrier.

According to the participants, Lubbock could consider creating a voucher program to help people get into sober or recovery housing upon release. This would provide a safe, supportive, and drug-free environment. Further, this strategy would also allow stakeholders to shift focus toward the more daunting challenge of finding supportive housing for those who need that level of care.

As in many communities, people leaving jail and prison often lack identification and social security cards. Rapid reemployment decreases recidivism rates, so helping people get the ID's they need before release or as soon as possible following release is crucial.

The community suggested additional strategies to improve employment outcomes. They recommended that the jail and criminal justice stakeholders work proactively with area employers to encourage them to hire people with criminal records. Similarly, the jail could start a work-release program, wherein, people detained in jail could work during the day with participating employers. This would improve their skills and ensure they have some funds to help them transition from jail to the community. It might be possible to connect with trade pre-apprenticeship programs like the [East Lubbock Resident Owned Business Initiative](#) and job training programs like Goodwill, which might have paid, on-the-job training opportunities.

Transportation is another barrier that hinders successful reentry. People lack the transportation to get to outpatient appointments or apply for jobs. Getting home from jail is a challenge as there is no bus route.

INTERCEPT 4 BEST PRACTICES

BEST PRACTICE: PROVIDE REENTRY PLANNING

Transition plans offer guidance for community reentry. A comprehensive plan identifies expectations, resources, and services to guide individuals towards independence. Individuals should play an active role in creating their transition plan.

The most effective reentry planning occurs when the planning begins at intake and continues throughout the individual’s time in jail. Community-based providers should be engaged in this planning process. Coordination between community providers and the jail—sometimes called jail in-reach—can increase the likelihood of a smooth transition, including medication access upon release, warm hand-offs to service providers, and immediate access to benefits and health care coverage.

In jail, time is of the essence. The time someone remains detained in jail can vary from hours to months. There is rarely a set day or time someone will be released. Even when the individual has been convicted and is serving a sentence in county jail, they will likely not have a determinate day of release, as county sheriffs have authority to give time credits based on number of days served. This is especially relevant in counties like Lubbock, where jail space is limited and the county must contract for jail beds outside of the county.

Therefore, it is imperative to seize each day as an opportunity to help people prepare for success following release. At a minimum, this might mean providing them with a list of relevant resources. Staff could also help to facilitate connection with services by setting an appointment for them. To the extent authorized by law, jails should assist people in obtaining benefits prior to release by pre-screening for eligibility and starting the application paperwork.

If someone is in need of substance use treatment, the jail staff could coordinate with the local mental health authority to facilitate the Outreach, Screening, Assessment, Referral (OSAR) process. Similarly, if someone is in need of vocational training, jails can partner with Goodwill or the workforce development board to connect them with those training opportunities. They might consider inviting these providers into the jail to orient people to available services and to do intake. Jails might also go so far as to initiate short-term vocational training and on-the-job training programs for people inside.

Reentry peer support, described in [“The Power of Lived Experience”](#) in the Background section of this report, can be a helpful resource in developing and implementing individualized transition plans. Even if the jail doesn't have time to complete reentry planning, pairing people with Certified Reentry Peers ensures that they have a peer partner to guide them the rest of the way.

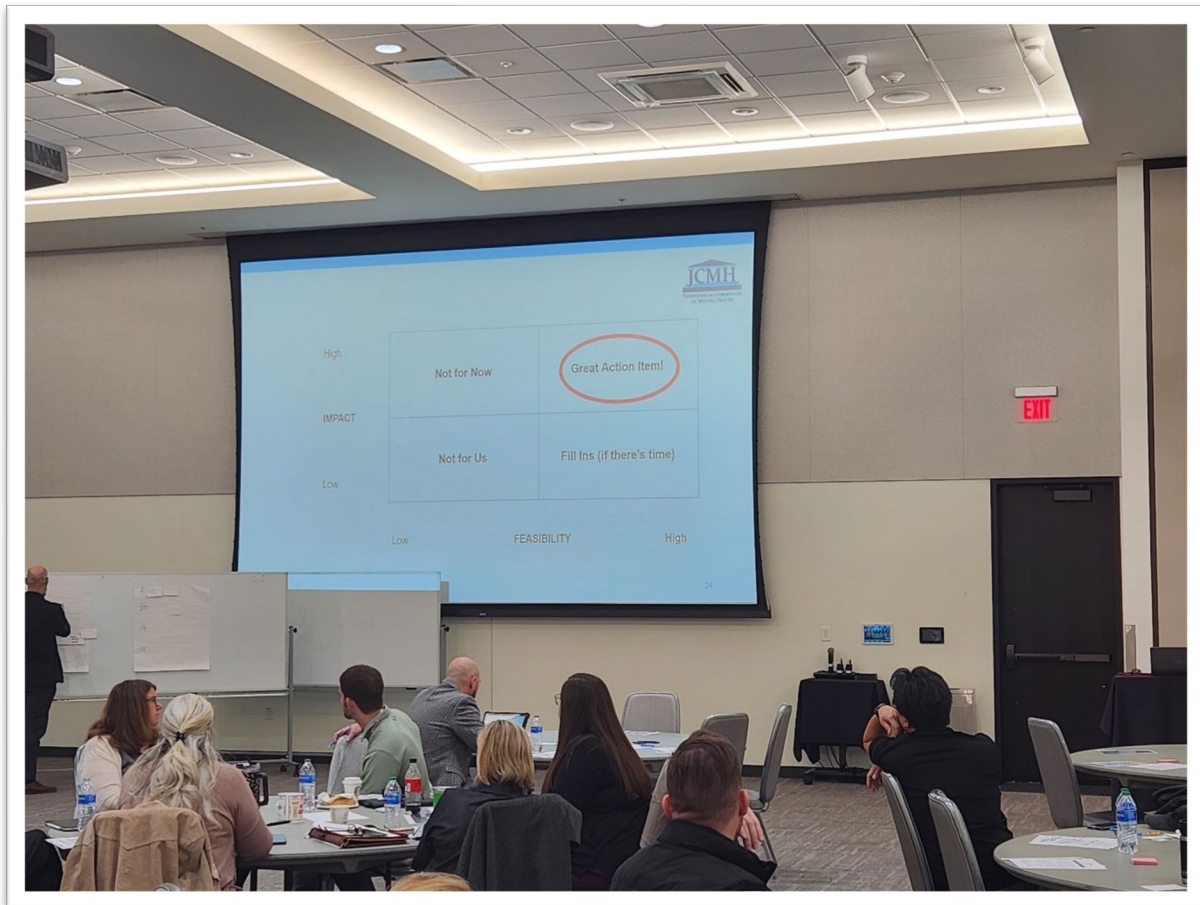
BEST PRACTICE: EXPAND ACCESS TO RECOVERY HOUSING

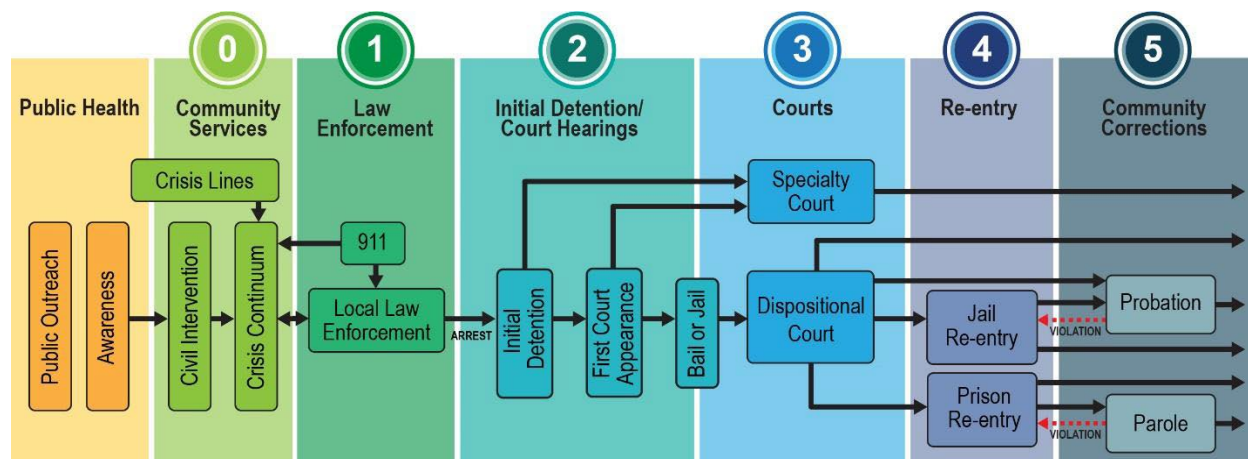
Recovery housing programs provide a safe, supportive, and drug free environment for people with substance use challenges, especially those transitioning out of jail or inpatient treatment.

These programs, such as [Oxford Houses](#), foster mutual accountability and provide a sense of community. Recovery housing has been shown to decrease relapse rates and criminal involvement.

Typically, these are ordinary residential homes with one or two people per bedroom. Residents are often required to engage in recovery programming outside of the home. Often, the residents themselves create and enforce the rules for entry and continued residency, and mutually decide when and if someone can remain in the program if they do not abide by standards.

Communities interested in expanding the number of recovery housing options can contact [Recovery People](#) for information.





INTERCEPT 5

Intercept 5 encompasses people under correctional supervision who are usually on probation or parole as part of their sentence, as part of the step-down process from prison, or as required by other state statutes. This intercept combines justice system monitoring with person-focused service coordination to establish a safe and healthy post-criminal justice lifestyle.

INTERCEPT 5 RESOURCES

Intercept 5 Community Supervision	
<p><u>Lubbock County Community Supervision and Corrections Department (CSCD)</u></p> <ul style="list-style-type: none"> 6 counselors for mental health, substance use and trauma counseling Specialized caseloads for mental health and substance use 	<p>Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI)</p>
<p>TTUHSC – Southwest Initiative for Addictive Diseases (addiction services for people on federal probation)</p>	

INTERCEPT 5 GAPS AND OPPORTUNITIES

While Lubbock CSCD has licensed counselors and intensive case workers on staff, there remain gaps in needed services for people with mental health and substance use challenges. Navigating probation conditions is difficult for nearly everyone, and it is especially difficult for people who struggle with mental health and substances. They often require support beyond what the CSCD is equipped to provide. Client-to-staff ratios are high and there are often staff shortages.

Community members also recognized that success on probation comes not simply from meeting requirements of community supervision, but also from changing the quality of probationers' lives. Employment, housing, and peer support all help to reduce substance use and promote long-term stability. There was widespread agreement that the community should bolster affordable mental health and substance use counseling, augment the use of peers, and create more streamlined referrals between probation and community resources.

INTERCEPT 5 BEST PRACTICES

BEST PRACTICE: CREATE A SPECIALIZED MENTAL HEALTH CASELOAD

Parole and probation departments should have specialized caseloads or units that are dedicated to individuals with behavioral health needs. Officers assigned to these specialized caseloads should be trained to work with these types of clients and educated about available community resources. These cases should have individualized treatment plans that consider medication, mental health needs, and substance use treatment.

PRIORITIES FOR CHANGE

Following the discussion on gaps and opportunities, the participants brainstormed priorities that might address gaps and help the community seize opportunities. They produced dozens of suggestions, including:

- Providing medications upon release from jail,
- Dispatching crisis services directly from 911 without law enforcement response,
- Funding for more transitional housing resources,
- Increasing substance use treatment options in the community, especially for people on probation caseloads,
- Adding additional mental health police officers,
- Updating resource lists in real time,
- Initiating intensive outpatient services upon release from jail,
- Educating families about mental illness and crisis prevention,
- Augmenting outreach, education, and understanding,
- Start a veterans' court,
- Improve collaboration between reentry programs,
- Improving communication between agencies,
- Gaining a better understanding about what specifically is needed within the community with respect to resources,
- Providing post-traumatic stress training for all first responders.

The group was then invited to rate the priorities and to identify those priorities on which they were willing to invest their own time and organizational resources. Four priorities rose to the top:

- **Priority 1:** Triage, Assessment and Referral at First Contact
- **Priority 2:** Resource Awareness and Community Accessibility
- **Priority 3:** Mental Health Court
- **Priority 4:** Case Management and Reentry Support

ACTION PLANS

Workshop participants were invited to join one of the four priority groups to create an action plan. Each team developed a plan with objectives and near/long term tasks. Afterwards, each group reviewed the plans developed by other teams. All participants were encouraged to make suggestions and raise considerations for these plans, thereby helping each team to improve upon the plans. The teams identified a time and date for their next meetings, as well as champions to coordinate communication among team members.

The purpose of the action planning activity was to create a site-specific action plan with clearly defined, attainable, prioritized short-term and long-term steps addressing the gaps generated earlier in the workshop. The plans will be further refined and implemented by the team following the workshop.

The action plans on the following pages are the initial drafts developed during the course of the workshop. The teams have already made specific plans to continue meeting, so these drafts will not reflect the work done after the workshop and prior to the publication date of this report. Readers should contact team members for the most current information on these action priorities.



PRIORITY 1: TRIAGE, ASSESSMENT, AND REFERRAL AT FIRST CONTACT

Participants (*=Champion): Ofc. Ethan Noble*, Matthew Troxel*, Bobby Carter, Donna Corbin , Shana Dallas, Julia Finch, Lt. Chris Jenkins, Councilwoman Latrelle Joy, Sarah Kim, Nancy Trevino

Next Meeting: Wednesday, March 27 at 1:00pm, at a city building TBD

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 nd year)
Review dispatch processes	Review triage algorithms, staffing, and training			
Collaborative review of Lubbock County communication centers	Lubbock Police Dept., Lubbock Fire & Rescue, Emergency Medical Services	Lubbock Sheriff's Office, Lubbock Emergency Communication District, Texas Tech Univ. Police Dept., UMC Police Dept.	Texas Dept. of Public Safety	
Identify all responders and appropriate level of response				
Support and promote community education of levels of response	Collaborate with Priority 2 group			
NOTES: Consider support for calls.				

RESEARCH AND BEST PRACTICES RELATED TO PRIORITY ONE

MAKE USE OF TECHNOLOGY

Telehealth can expand the reach of services and improve efficiency of healthcare and related support services by shortening delays in beginning services and eliminating or reducing travel time and associated costs. Telehealth services can be particularly beneficial for clients or patients living in geographically remote or underserved areas, including urban areas. First responders could be equipped with telehealth access to assist with triage, assessment, and referral in the field.

FIRST RESPONDER TRAINING

First responder training includes dispatcher training, specialized police response, mental health first aid, and training for EMTs and other first responders. An example is Crisis Intervention Team (CIT) training. CIT focuses on identifying signs of mental health disorders, de-escalating a situation that involves those signs, and connecting people to treatment. The importance of crisis training has increased in recent years to avoid escalation into the use of force. All law enforcement officers should receive crisis and de-escalation training as well as regular updates on related best practices. [CIT refresher courses](#) are an opportunity for peace officers who have already completed the academy.

CRISIS CALL CENTER

Communities can support people in mental health crisis as well as first responders by creating a crisis call center staffed by mental health professionals. Dispatch 911 coordinators could identify, and transfer crisis calls to the crisis call center. In many cases, mental health professional can help to talk someone through crisis and help them access the services they need without involving first responders. When first responders are dispatched, the call center could serve as a resource to officers and EMS, especially when co-responders are not available.

PRIORITY 2: RESOURCE AWARENESS AND COMMUNITY ACCESSIBILITY

Participants (*=Champion): Mitch Brazil*, Junita Hicks*, Sarah Hostick*, Sgt. Keith Anguish, Shana Dallas, Madeline Geeslin, Rusty Gunter, Brad Hunt, Marybeth Moran, Ofc. Ethan Noble, Kelsey Robinson, Federico Solis, Stephen Warren, Sardar Zahid

Next Meeting: Tuesday, March 19, 2:00pm – 3:00pm at the Community Foundation of West Texas, 6102 82nd St Suite #8B

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 nd year)
Host regular wellness resource fair	Clarify logistics (where, when, who, etc.) – Brad, Mitch, Madeline	Host resource fair in October	Repeat, making any needed changes	Repeat
Create webpage with resources	Identify content and process to maintain current – Keith, Marybeth	Ask city to host	Invite other orgs to link, share with 211	Consider an app or card to hand out
Create newsletter	Identify content and a host – Mitch, Junita	Send out first one prior to resource fair		
Explore use of navigators and peer support specialists	Find out what StarCare currently does - Mitch			

NOTES:

Overall: Not a lot of buy-in from the media – how to engage? Mental health outreach is growing among the media; interest in suicide, seasonal affective disorder, school issues. How do we gauge how effective things are?

Resource fair: October is very busy. Love this idea! Identify which resources require insurance. What will be different from other resource fairs? Should we join another fair instead of creating a new one?

Webpage: Love this idea! Have a calendar of events. Identify organizations that need to share info about resources (e.g. law enforcement, NAMI). Reaching Rural Fellows (Rusty, Federico, Ethan) are doing a website for 41 counties, have a grant to do it.

Newsletter: If people sign up, gather info about their role. Lubbock Health Dept. may already have a mental health newsletter (contact Ariae Alexander, Public Health Program Liaison). *Peer Support:* Check with Priority 4 about peer support.

RESEARCH AND BEST PRACTICES RELATED TO PRIORITY TWO

PARTNER WITH COMMUNITY-BASED RESOURCES TO RAISE AWARENESS ABOUT MENTAL HEALTH AND RESOURCE CONNECTIONS

Mental health and substance use recovery is about community. Community provides support and connection, reduces stigma, normalizes mental illness, and helps people navigate to needed services. Partnering with organizations like [NAMI](#) connects local efforts with volunteers, training resources, and people with lived experience of mental illness and/or being a family member of someone with mental health challenges. The TTUHSC Department of Psychiatry faculty and residents have partnered with NAMI to do community education. Similarly, recovery-oriented organizations such as the [Center for Students in Addiction Recovery](#) at Texas Tech University provide community connections and education to college students. Recovery-oriented organizations such as these often host events during [Recovery Month](#) and [Mental Health Awareness Month](#). These are just some of the many ways that the community can partner to raise awareness and create connection.

POST RELEASE PROGRAMMING

For most formerly incarcerated people, reentry can be a daunting challenge. While rapid reemployment is highly correlated with successful reentry, employers are hesitant to hire people with criminal records. Further, most people face housing instability, and finding a landlord willing to lease to someone with a criminal record can take months. Additionally, people face difficulty simply acquiring their birth certificates, social security cards, and state ID, all of which are a precondition to gainful employment.

These factors are a challenge for most people leaving jail or prison, and they are compounded when people lack basic needs such as food, shelter, and transportation. It is not uncommon for people leaving jail or state jails to be released directly to homelessness. It is no surprise that many organizations conduct reentry simulations to help people who have never been involved with the justice system better understand the obstacles that impede successful reentry.

For these reasons, post-release programming such case management, temporary housing, and vocational training can all make a difference. Many organizations have some of these services, but not all. For instance, organizations like Goodwill may have robust workforce programming, but may lack housing. This is an example of how communities can come together to optimize resources. For example, one organization or agency might fund temporary housing for

participants in reentry programming provided by another organization. Communities are only limited by their imaginations.

PRIORITY 3: MENTAL HEALTH COURT

Participants (*=Champion): Hon. Mark Hocker*, Hon. Ben Webb*, Marlise Boyles, Donna Corbin, Shana Dallas, Hon. Drue Farmer, Julia Finch, Rusty Gunter, Carl Isett, Sarah Kim, Ofc. Ethan Noble, Nikkie Rice, Brian Shannon, Brittany Simpkins, Stephen Warren

Next Meeting: Thursday, April 11 at 2:00pm in the Courthouse Conference Room

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 nd year)
Approach Board of Judges	May 2024			
Form court team		May 2024 – Aug. 2024		
Apply for grant			Jan – Feb 2025	
Determine existing resources			Jan -Apr 2025	
Get the grant				April 2025
Open the court				Fall 2025

NOTES:
 Reentry program on the mental health court to ensure each individual has resources before being released from jail. Dept. of Justice funding or other national funding. Look for local funding. Additional security needed during mental health court sessions?

RESEARCH AND BEST PRACTICES RELATED TO PRIORITY THREE

BEST PRACTICE: SEEK TO ESTABLISH MENTAL HEALTH SPECIALTY COURTS OR DOCKETS

A “mental health court program” under [Texas Government Code § 125.001](#) has the following essential characteristics:

- integrates and provides access to MI and ID treatment services in processing cases in the court system;
- uses a non-adversarial approach involving prosecutors and defense attorneys to (1) promote public safety and (2) protect the due process rights of program participants;
- promotes early identification and prompt placement of eligible participants in the program;
- requires ongoing judicial interaction with program participants;
- diverts people with mental illness or intellectual disability to needed services in lieu of prosecution;
- monitors and evaluates program goals and effectiveness;
- facilitates continuing interdisciplinary education on effective program planning, implementation, and operations; and
- develops partnerships with public agencies and community organizations, including LMHAs/LBHAs.

According to the National Judicial Task Force to Examine State Court’s Response to Mental Illness, [certified peers](#) can be a valuable component of a specialty court.

[Appendix 2](#) at the end of this report provides additional resource recommendations on mental health and other specialty court programs that Lubbock County may find useful.

PRIORITY 4: CASE MANAGEMENT AND REENTRY SUPPORT

Participants (*=Champion): Bobby Carter*, Federico Solis-Perez*, Shana Dallas, Sara Kim, Kelsey Robinson, Anna Trevino, Teresa A. Vitela

Next Meeting: March 29, 2024, 2:00pm

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far
Staffing in the Lubbock County Detention Center. Certified Peers.	Collect data on approximate need for peer support following release.	Find a source of funding.	Hire + train a Certified Peer team, establish policies + procedures.	Evaluate
Warm hand-off from detention center to StarCare. Next day appointment, medication, case management.	Create a plan to achieve this goal by collaborating with the Detention Center, StarCare, DA, Court, Defense. Seek additional funding to achieve goals of warm handoff.	Establish process + ensure adequate staffing to achieve a warm handoff		
Coordinate door-to-door release from jail into appropriate services such as inpatient or intensive outpatient treatment.	Educate providers and all justice system partners to create a coordinated release plan, syncing release with bed or service availability.	Establish MOU's	Evaluate progress, determine what's working, adjust.	
Increase availability of intensive outpatient and inpatient treatment (MH and SUD) for "unfunded" clients (in jail or TDCJ > 30 days and terminated from Medicaid).	Write grants and work with city/county partners to provide funding for "unfunded" clients.	Secure funds and establish MOU's with treatment providers		

NOTES:

- Lubbock should also invest in (or find a grant for) a Recovery Community Organization that can support people navigating to recovery and that can train certified peers. This will give the county additional options for long-term training and community support for certified peer services.
- To assist "unfunded" individuals to go from jail into treatment, consider ways to apply for Medicaid reinstatement or eligibility prior to release. This may require the Sheriff's Department to hire someone who specializes in Medicaid eligibility to assist with this process.
- To assist in warm hand off between jail to StarCare or other services, ensure the client responds truthfully during assessments (many individuals will answer "no" to questions for multiple reasons including a lack of understanding about their own mental health symptoms). Prepare them for the assessment.
- When a warm hand-off is not feasible, utilize the city/county intermediary for quicker medication access. Work with Lubbock County Health Department.
- Recognize that StarCare and the Detention Center have attempted warm hand off in the past, and it didn't work. StarCare often didn't know the exact release date and couldn't prepare. Also, StarCare may be backlogged. Identify whether additional funds are necessary.
- Some of the deadlines above may be ambitious; be flexible.
- To find beds for services, work with Valeri Longoria with Echo West Texas who coordinates with all agencies to find services.
- Veterans may get immediate services upon release. Ensure the Detention Center and VA are coordinating.
- Assign a peer to the future Mental Health Court.

RESEARCH AND BEST PRACTICES RELATED TO PRIORITY FOUR

ENLIST PEERS

When the number of clinicians and case managers is severely limited, ensuring that people with mental health challenges are paired with Certified Mental Health Peers can make a significant difference. Peers help people with mental illness better understand their diagnoses and make decisions regarding their treatment plan. Peers can also help them find ways to solve transportation challenges or obtain resources to meet basic needs. Working in coordination with clinicians and case managers, peers become an extension of the mental health team.

In addition to amplifying the impact of mental health care, communities that invest in peer services also provide paid employment for people with lived history of mental health challenges to use that lived experience to assist others navigate their own mental health care.

In 2021, the Texas Legislature required the Texas Health and Human Services Commission to conduct a study on the effectiveness of [Re-Entry Peer Support](#), an additional peer certification for those already certified as Recovery Support Peer Specialists or Mental Health Peer Specialists. They found significant improvements in employment and decreases in arrests and criminal behavioral.

APPENDICES

APPENDIX	TITLE
Appendix 1	Commonly Used Acronyms
Appendix 2	General Resources
Appendix 3	Charts
Appendix 4	Lubbock County SIM Map
Appendix 5	Workshop Participant List
Appendix 6	Workshop Agenda
Appendix 7	Key References

APPENDIX 1 | COMMONLY USED ACRONYMS

A&D – Apprehend & Detain	AOT – Assisted Outpatient Treatment	BJA – Bureau of Justice Assistance
CCO – County Clerk’s Office	CCP – Code of Criminal Procedure	CCQ – Continuity of Care Query
CDC – County District Clerk	CIRT – Crisis Intervention Response Team	CIT – Crisis Intervention Team
CSCD – Community Supervision and Corrections Department (“probation”)	CSO – County Sheriff’s Office	DAO – District Attorney’s Office
D/M – Dismiss or Dismissal	HB – House Bill	HHSC – Health and Human Services Commission
IDD – Intellectual or Developmental Disability	JBCR – Jail Based Competency Restoration	JCMH – Judicial Commission on Mental Health
LE – Law Enforcement	LIDDA – Local IDD Authority	LMHA – Local Mental Health Authority
MAC – Managed Assigned Counsel Program	MH – Mental Health	MHC – Mental Health Court
MI – Mental Illness	MOU – Memorandum of Understanding	MSU – Maximum Security Unit
OCA – Office of Court Administration	OCR – Outpatient Competency Restoration	PC – Probable Cause
PD – Police Department	PDO – Public Defender’s Office	PH – Public Health
PTI – Pretrial Intervention	SAMHSA – Substance Abuse & Mental Health Services Administration	SB – Senate Bill
SH – State Hospital	SIM – Sequential Intercept Model	TASC – Texas Association of Specialty Courts
TCIC – Texas Crime Information Center	TCOOMMI – Texas Correctional Office on Offenders with Medical or Mental Impairments	TIDC – Texas Indigent Defense Commission
TLETS – Texas Law Enforcement Telecommunications System		

APPENDIX 2 | GENERAL RESOURCES

FUNDING RESOURCES

Council of State Governments Justice Center

<https://csgjusticecenter.org/projects/justice-and-mental-health-collaboration-program-jmhcp/funding-resources/>

DOJ Office of Justice Programs

<https://www.ojp.gov/funding/explore/current-funding-opportunities>

Humanities Texas

<https://www.humanitiestexas.org/grants/apply>

The Meadows Foundation

<https://www.mfi.org/>

Office of the Texas Governor

<https://gov.texas.gov/organization/financial-services/grants>

Substance Abuse and Mental Health Services Administration

<https://www.samhsa.gov/grants>

Texas Health & Human Services Commission

<https://www.hhs.texas.gov/business/grants>

Texas Indigent Defense Commission

<http://www.tidc.texas.gov/funding/>

U.S. Department of the Treasury: Assistance for State, Local, and Tribal Governments

<https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments>

U.S. Grants

<https://www.usgrants.org/texas/personal-grants>

GRANT WRITING RESOURCES

Grants.gov

<https://www.grants.gov/web/grants/applicants/applicant-training.html>

HHSC Funding Information Center

<https://www.dshs.texas.gov/fic/gwriting.shtm>

Nonprofit Guides

<http://www.npguides.org/index.html>

Nonprofit Ready

<https://www.nonprofitready.org/grant-writing-classes>

Texas Specialty Court Resource Center

<http://www.txspecialtycourts.org/training-grant.html>

University of Texas Grants Resource Center

<https://diversity.utexas.edu/tgrc/>

MENTAL HEALTH COURT PROGRAM RESOURCES

Council of State Governments Justice Center –
*Developing a Mental Health Court: An
Interdisciplinary Curriculum*

<https://www.arcourts.gov/sites/default/files/Mental%20Health%20Courts%20-%20Planning%20Guide.pdf>

Council of State Governments Justice Center –
*A Guide to Collecting Mental Health Court
Outcome Data*

<https://csgjusticecenter.org/wp-content/uploads/2020/01/MHC-Outcome-Data.pdf>

Council of State Governments Justice Center –
*A Guide to Mental Health Court Design and
Implementation*

<https://csgjusticecenter.org/wp-content/uploads/2020/01/Guide-MHC-Design.pdf>

Council of State Governments Justice Center –
*Mental Health Courts: A Guide to Research-
Informed Policy and Practice*

https://bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/CSG_MHC_Research.pdf

Council of State Governments Justice Center –
Mental Health Court Learning Modules

<https://csgjusticecenter.org/projects/mental-health-courts/learning/learning-modules/>

Judicial Commission on Mental Health: *10-Step
Guide*

<http://texasjcmh.gov/media/czaoapye/mhc-the-10-step-guide.pdf>

Judicial Commission on Mental Health: *Texas AOT
Practitioner's Guide*

<https://www.texasjcmh.gov/media/svlj5114/texas-aot-practitioners-guide.pdf>

Judicial Commission on Mental Health

<http://texasjcmh.gov/technical-assistance/mental-health-courts/>

Texas Specialty Court Resource Center

<http://www.txspecialtycourts.org/>

Treatment Advocacy Center

<https://www.treatmentadvocacycenter.org/wp-content/uploads/2024/03/Dismiss-Upon-Civil-Commitment-with-AOT-Handbook.pdf>

TECHNICAL ASSISTANCE RESOURCES

Activities of the Service Members, Veterans, and
Their Families Technical Assistance Center

<https://www.samhsa.gov/smvf-ta-center/activities>

Correctional Management Institute of Texas

<http://www.cmitonline.org/technical-assistance.html>

Doors to Wellbeing: National Consumer Technical
Assistance Center

<https://www.doorstowellbeing.org/>

HHSC's Technical Assistance Center

<https://txbhjustice.org/services/sequential-intercept-mapping>

Judicial Commission on Mental Health

<http://texasjcmh.gov/technical-assistance/>

Council of State Governments Justice Center

<https://csgjusticecenter.org/resources/justice-mh-partnerships-support-center/>

National Center for State Courts

<https://www.ncsc.org/services-and-experts/areas-of-expertise/access-to-justice/tech-assistance>

National Family Support Technical Assistance Center

<https://www.nfstac.org/request-ta>

National Mental Health Consumers' Self-Help Clearinghouse

<https://www.mhselfhelp.org/technical-assistance>

NPC Research

<https://npcresearch.com/services-expertise/technical-assistance-and-consultation/>

Opioid Response Network

<https://opioidresponsenetwork.org/>

Technical Assistance Collaborative

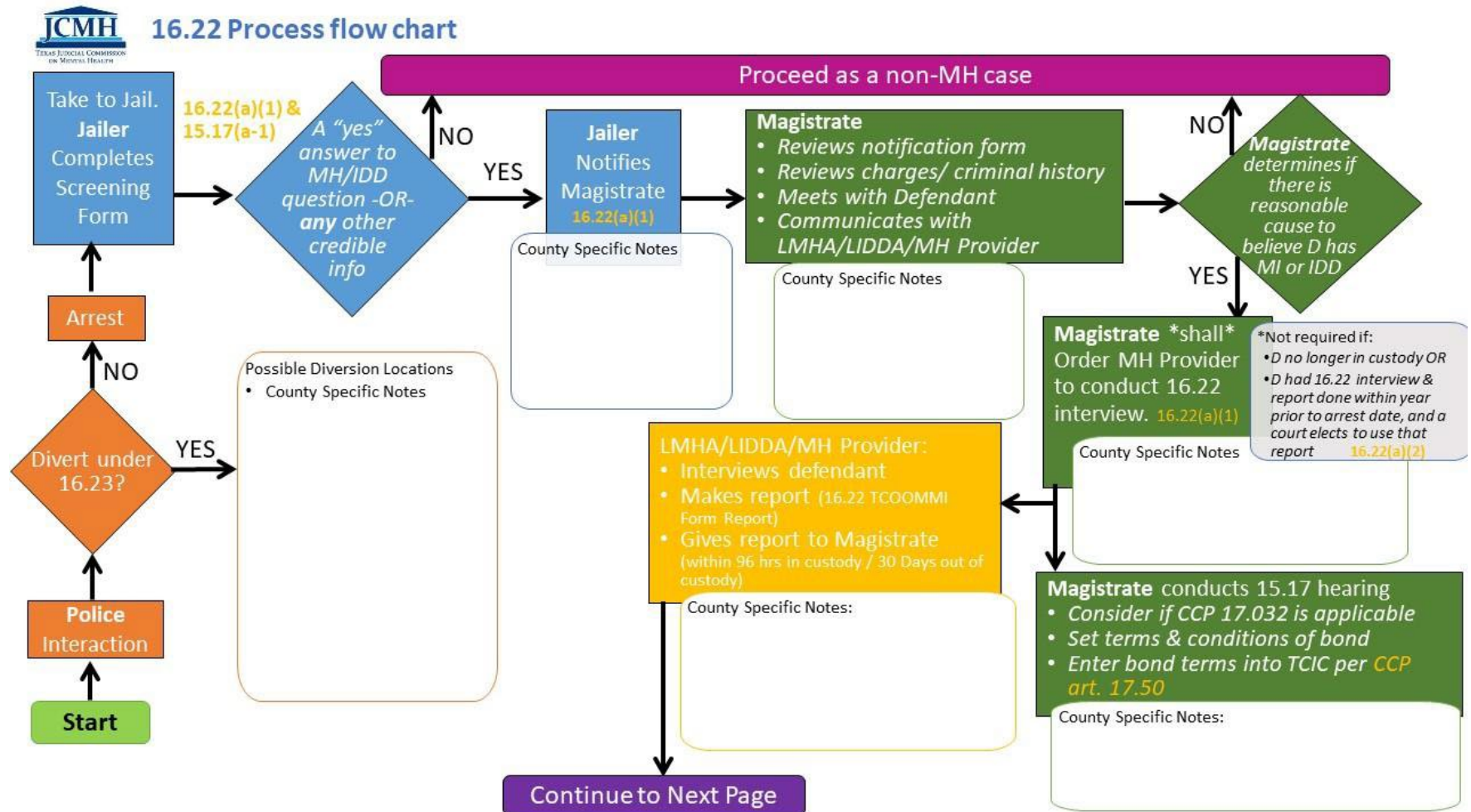
<https://www.tacinc.org/what-we-do/customized-ta-training/>

Texas Specialty Court Resource Center

http://www.txspecialtycourts.org/tta_bureau.html

APPENDIX 3 | CHARTS

SAMPLE CHART FOR COUNTY





Continued from Previous Page

Magistrate Receives Report from MH Provider

Magistrate gives report to stakeholders

16.22(b-1)

Clerk required to document the number of 16.22 reports completed on Judicial Monthly Court Activity Report to OCA. 16.22(e) & Tex. Admin Code Ch. 171

County / District Clerk

County Specific Notes

Trial Court

County Specific Notes

Prosecutor

County Specific Notes

Defense Attorney

County Specific Notes

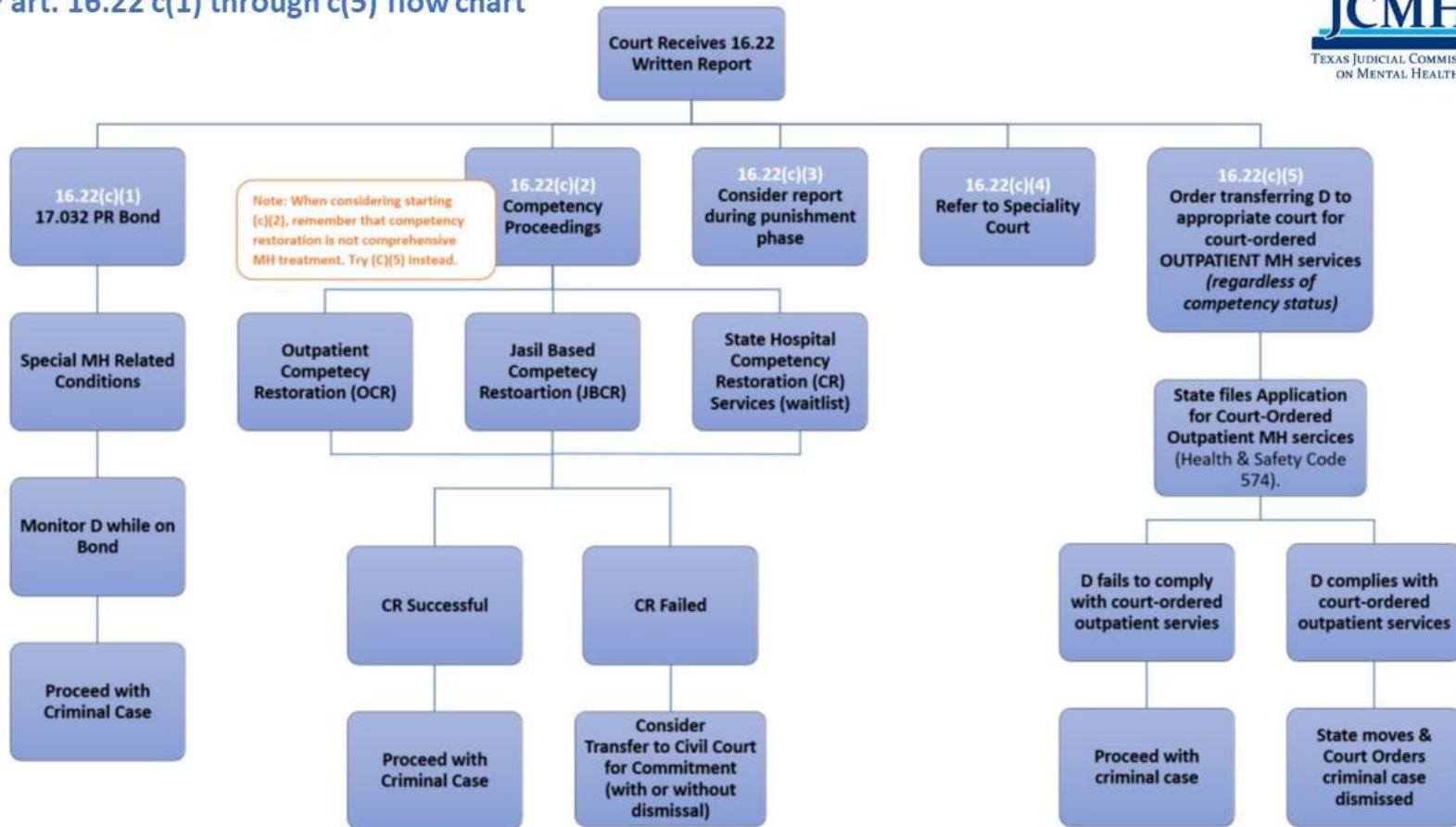
Sheriff (jail med records)

County Specific Notes

Personal bond office / Pretrial

County Specific Notes

CCP art. 16.22 c(1) through c(5) flow chart



APPENDIX 4 | LUBBOCK COUNTY SIM MAP

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1

2

3

4

5

Public Health	Community Services	Law Enforcement	Initial Detention/ Court Hearings	Courts	Community Re-Entry Services	Community Corrections
<p>Resource and Referral 211</p> <p>Hospitals and Clinics University Medical Center Covenant Medical Center VA Hospital Larry Combest Health Centers Community Health Centers Lubbock Health Department Lubbock Substance Use Services Network (SUSAN) SUSAN for Families</p> <p>Veterans' Services Lubbock Vet Center (VA) Vet Start</p> <p>Housing Services Lubbock Housing Authority Open Door</p> <p>Basic Needs South Plains Food Bank</p>	<p>Crisis Lines StarCare Crisis Helpline 806-740-1414 988 Suicide and Crisis Lifeline</p> <p>FMS UMC Health Systems</p> <p>Psychiatric Inpatient Sunrise Canyon Hospital Oceans Behavioral Health Hospital StarCare Extended Observation Unit</p> <p>Crisis Response StarCare Mobile Crisis Outreach Team Lubbock Police Department/StarCare Co-Responder Unit Lubbock PD Crisis Intervention Team</p> <p>Crisis Stabilization StarCare Crisis Walk-In Center</p> <p>Behavioral Health Supports Texas Tech Physicians Psychiatry Family Counseling Services VA Behavioral Health Clinic Catholic Charities MH Voucher Program</p> <p>Substance Use Treatment StarCare StarParent Aspire Recovery Center The Ranch at Dove Tree Daily Recovery Services Stages of Recovery Grace Manor Lubbock Lighthouse</p> <p>Detox The Ranch at Dove Tree</p> <p>Recovery Supports Certified Family Partners (MHDD)</p> <p>Peer Support Services Center for Students in Addiction Recovery</p>	<p>911 Dispatch City of Lubbock</p> <p>Law Enforcement Lubbock County Sheriff's Department Lubbock Police Department Texas Tech Police Department Slaton Police Department Levelland Police Department Shallowater Police Department Wofforth Police Department Idalou Police Department Texas Highway Patrol</p> <p>Law Enforcement Crisis Intervention Lubbock Police Department Crisis Intervention Teams Lubbock Police Department/StarCare Co-Responder Teams</p>	<p>Booking Lubbock County Jail Conducts Assessments Early ID - 16.22 Suicide Risk Screen Suicide Watch</p> <p>Jail-Based Mental Health StarCar Provides Evaluation Psychiatric Medications Case Management</p> <p>Magistration 17.02 Bond Conditions The Honorable Melissa McNamara</p> <p>County Jail Lubbock County Sheriff's Department Jail Administrator: Chief Ryan Braus</p> <p>Pretrial Supervision Lubbock County Community Supervision and Corrections Department</p>	<p>District Courts 72nd - Honorable John C. Grace 99th - Honorable Phillip Hays 137th Honorable John J. McClendon III 140th - Honorable Douglas H. Freitag 237th Honorable Les Hatch 364th Honorable William R. Eichman II</p> <p>County Judge The Honorable Curtis Parrish</p> <p>County Courts #1 - Honorable Mark J. Hocker #2 - Honorable Tom W. Brummett #3 - Honorable Benjamin Webb</p> <p>Justice of the Peace #1 - Honorable Jim Hansen #2 - Honorable Susan Rowley</p> <p>Specialty Courts DWI Court Adult Drug Court Family Recovery Court</p>	<p>Lubbock County Jail GED Program Step Up Program</p> <p>Case Management StarCare Person-Centered Case Management Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI)</p> <p>Reentry Supports Workforce Solutions SNAP Emergency Food Stamps Texas Veterans Commission</p>	<p>Probation Lubbock County Community Supervision and Corrections Department</p> <p>Probation Programming Six Mental Health and Substance Use Counselors Specialty Mental Health and Substance Use Caseloads</p> <p>Parole Texas Department of Criminal Justice Region 5 Parole Lubbock</p>

APPENDIX 5 | PARTICIPANT LIST

First Name	Last Name	Role	Agency
Keith	Anguish	Sergeant	Lubbock Police Department
Marlise	Boyles	Assistant District Attorney	Lubbock County Criminal District Attorney's Office- Civil Division
Ryan	Braus	Chief of Detention Operations	Lubbock County Sheriff's Office
Mitch	Brazil	IDD Crisis Intervention Lead (CIS)	StarCare Specialty Health System
Bobby	Carter	Director of Diversion Programs	StarCare Specialty Health System
Jonathan	Caspell	Assistant Chief	Lubbock Police Dept.
Seungjong	Cho	Assistant Professor	Texas Tech University
Donna	Corbin	District Director	Texas House of Representatives
Shana	Dallas	Competency Restoration Program Manager	StarCare Specialty Health System
Drue	Farmer	Board Chair	StarCare Specialty Health System
Julia	Finch	Counseling Supervisor	Lubbock-Crosby Adult Probation
Madeline	Geeslin	Health Promotion Manager	Lubbock Public Health
Russell	Gunter	Chief Defender	Lubbock Private Defenders Office
Junita	Hicks	IDD Program Diversion Coordinator	StarCare Specialty Health System
Mark	Hocker	Judge	Lubbock County CCAL#1
Sarah	Hostick	Transition Support Team Lead	StarCare Specialty Health System
Brad	Hunt	Affiliate Leader	NAMI Lubbock
Carl	Isett	Consultant	Carl Isett Consulting
Chris	Jenkins	Lieutenant	Lubbock Police Department
Latrell	Joy	City Council	City of Lubbock
Sarah	Kim	Director of Forensic Mental Health	StarCare Specialty Health System
Beth	Lawson	CEO	StarCare Specialty Health System
Terry	Mooney	Client Liaison	The Ranch at Dove Tree
Marybeth	Moran	Hospital CEO	Oceans Healthcare
Ethan	Noble	Officer	Lubbock Police Department
Joe Dell	Patterson	Crisis Stabilization Unit Supervisor	University Medical Center
Linda	Pitman	CEO	The Ranch at Dove Tree

First Name	Last Name	Role	Agency
Michael	Rayel	Regional Medical Director, MH Services	Texas Tech UHSC-MC
Nikkie	Rice	Director	Lubbock Vet Center
Kelsey	Robinson	Director of Business Development	Oceans Healthcare
Micah	Robnett	Business Development Specialist	The Ranch at Dove Tree
Brian	Shannon	Horn Professor	Texas Tech School of Law
Brittany	Simpkins	Intake Director Court Liaison	Oceans Behavioral Hospital- Lubbock
Federico	Solis-Perez	Reentry Coordinator	Lubbock County Sheriff's Office
Carl	Tepper	State Representative	State of Texas
Anna	Treviño	Assistant Director	TTU Center for Students in Addiction Recovery
Nancy	Trevino	Director - TTMHI	TTU Health Science Center
Matthew	Troxel	Assistant Director	University Medical Center EMS
Teresa	Vitela	LIDDA Director	StarCare Specialty Health System
Stephen	Warren	President	Community Foundation of West Texas
Ben	Webb	Judge	CCL3- Lubbock County
Nath	White	Assistant Chief of Police	Lubbock Police Department
Sardar	Zahid	Program Manager-TTMHI	TTU Health Science Center-Lubbock

APPENDIX 6 | WORKSHOP AGENDA

Lubbock County Sequential Intercept Model Mapping Workshop

February 20, 2024

Texas Tech University Health Science Center

Purpose and Goals:

- Facilitate mutual understanding, collaboration and relationship building between a diverse array of stakeholders, all of whom are dedicated to system transformation
- Identify best practices, resources, gaps in services, and opportunities for improvement and innovation across all SIM intercepts
- Prioritize key steps toward system transformation and improved service delivery and identify relevant best practices
- Create a longer term strategic action plan, optimizing use of local resources and furthering the delivery of appropriate services

AGENDA

8:30 am	Registration & Networking	
9:00 am	Opening Remarks Dr. Nancy Trevino Judge Mark Hocker	Welcome & Community Goals
9:20 am	Orienting to This Work Lynda Frost	Hopes for the Mapping Process Why Collaboration Matters
9:40 am	Overview of Judicial Commission Molly Davis	Resources from the Judicial Commission on Mental Health
9:45 am	Overview of SIM Mapping Doug Smith Brad Hunt Cole Watts	Overview of Model Importance of Lived Experience
10:30 am	Break	
10:45 am	Establishing Priorities Lynda Frost	Identify Possible Priorities Identify Opportunities for Collaboration
11:45 am	Lunch	Provided by West Texas Mental Health Collaborative
12:20 pm	Action Planning Doug Smith	Group Work Presentation to Full Group
1:40 pm	Break	
1:55 pm	Refining the Action Plan Doug Smith	Gallery Walk Group Work
2:35 pm	Next Steps & Summary Lynda Frost	Meeting to Review Draft Report 3-month Progress Check-In Individual Next Steps
3:00 pm	Adjourn	

APPENDIX 7 | KEY REFERENCES

1	JUDICIAL COMMISSION ON MENTAL HEALTH, <i>TEXAS MENTAL HEALTH AND INTELLECTUAL DISABILITIES LAW BENCH BOOK</i> (4th Ed. 2023-2025), https://texasjcmh.gov/media/udrktngd/4th-ed-adult-bench-book-for-web.pdf .
2	NATIONAL CENTER FOR STATE COURTS, FAIR JUSTICE FOR PERSONS WITH MENTAL ILLNESS: IMPROVING THE COURT'S RESPONSE 19 (2018), https://www.neomed.edu/wp-content/uploads/CJCCOE_10-Dave-Byers-COURT-RESOURCES-Mental-Health-Protocols-Oct-2018.pdf . See also, https://www.ncsc.org/behavioralhealth .
3	POLICY RESEARCH ASSOCIATES, THE SEQUENTIAL INTERCEPT MODEL: NEXT STEPS (HOW TO MAXIMIZE YOUR SIM MAPPING WORKSHOP), https://express.adobe.com/page/dSrgsE34zlea9/ . See also, https://www.prainc.com/sim/ .
4	SAMHSA GAINS CENTER, DEVELOPING A COMPREHENSIVE PLAN FOR BEHAVIORAL HEALTH AND CRIMINAL JUSTICE COLLABORATION: THE SEQUENTIAL INTERCEPT MODEL (3rd ed., 2013); Mark R. Munetz & Patricia A. Griffin, <i>Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness</i> , 57 PSYCH. SERVICES 544, 544-49 (2006), https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2006.57.4.544 . The SIM in this report adopts the traditional model but also expands it to include new intercepts that allow for a better understanding of early intervention to effectively address those with mental health issues before they enter the criminal justice system.